

# P18000071021

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## FLORIDA PROFIT/NON PROFIT CORPORATION SILTON CORP

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 03      |
| Estimated Charge      | \$78.75 |

# 2ND REQUEST

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8/20/18

2018 AUG 17 PM 1:25

19 AUG 17 PM 3:56

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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 (Profit)**ARTICLE I NAME:** The name of the corporation is:SILTON CORP**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

9015 S.W. 21 TERRMIAMI FL 33165**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**SILVIA SILVINA MENENDEZ

(P)

18 AUG 17 PM 3:56

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

SILVIA SILVINA MENENDEZ9015 SW 21 TERRMIAMI FL 33165**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:SILVIA SILVINA MENENDEZ9015 SW 21 TERRMIAMI FL 33165

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**Required Signatures:**

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Silvia Menendez  
Registered Agent

August 16/2018  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Silvia Menendez  
Incorporator

August 16/2018  
Date

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FALL 2018

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