Page 1 of 1

Division of Co

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : SNYDERBURN, RISHOI & SWANN

Account Number : I20070000142 Phone : (407) 647-2005 Fax Number : (407)647-1522

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: <u>aaron.pakl@gnxu</u>

FLORIDA PROFIT/NON PROFIT CORPORATION Silla, Inc.

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corporat	ion shall be:		
ARTICLE II PRINC	TPAL OFFICE Principal street address		Mailing address, if different is:
2902 Corrine Drive		- 	
Orlando, Florida 32803			
ARTICLE III PURPO The purpose for which the	DSE ne corporation is organized is:		
The Corporation may er	ngage in any activity or business pe	mitted by the laws of the	State of Florida.
	· · · · · · · · · · · · · · · · · · ·		
			
	LOFFICERS AND/OR DIRECTO Aaron Pak, Presic 2902 Corrine Drive		y and Director
	Orlando, Florida 32803		
Name and Title:		Name and Title:	
Address		Address:	
			
Name and Title:		Name and Title:	
Address		Address:	
			
		<u>-</u>	

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Name a	nd Title:	Name and Title:
Addres		Address:
ARTICLE VI	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	K. Michael Swann	of the registered againsts.
Address:	2250 Lucien Way, Suite 140	
radicss.	Maitland, Florida 32751	
<u> 1RTICLE VII</u>	INCORPORATOR	
The <u>name and a</u>	address of the Incorporator is:	
Name:	Aaron Pak	
Address:	2902 Corrine Drive	
	Orlando, Florida 32803	
Effective date, i	EFFECTIVE DATE: If other than the date of filing: date is listed, the date must be specific and can	. (OPTIONAL) not be more than five days prior or 90 days after the
	te inserted in this block does not meet the applicab effective date on the Department of State's record	tle statutory filing requirements, this date will not be listed as s.
	amed as registered agent to accept service of proce I am familiar with and accept the appointment as t	ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity
KM	Max Wann K. Mich	nael Swann January 1, 2019
	Required Sygnature/Registered Agent	Date
I submit this do document to the	ocument and afficin that the facts stated herein a Department of State constitutes a third degree fel	re true. I am aware that the false information submitted in a ony as provided for in s.817.155, F.S.
	Aaron I	Pak January 1, 2019
Key	uired Signature/Incorporator	Date