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FLORIDA FILING & SEARCH SERVICES, INC.
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155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 9/10/20

NAME: SILENT YAWL SERVICES INC

TYPE OF FILING: ARTICLES

COST: 87.50

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: _Silent Yawl Services Inc._
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ $70.00
Filing Fee

☐ $78.75
Filing Fee
& Certificate of Status

☐ $78.75
Filing Fee
& Certified Copy

☒ $87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: _Angela Schroth_
Name (Printed or typed)

21515 Vanowen St. #202
Address

Canoga Park CA 91303
City, State & Zip

_88-730-7724_
Daytime Telephone number

Angela @ Silvertonsystems. ca
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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

ARTICLE I   NAME
The name of the corporation shall be: _Silent Yawl Services Inc._

ARTICLE II   PRINCIPAL OFFICE

Principal **street** address

Mailing address, if different is:

433 Plaza Real #275

Boca Raton, FL 33432

ARTICLE III   PURPOSE
The purpose for which the corporation is organized is: _____

any legal business

ARTICLE IV   SHARES
The number of shares of stock is: _100_

ARTICLE V   INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _Jonathan Sahn, President_   Name and Title: _____

Address _1435 NW 23rd Lane_   Address: _____

Delray Beach, FL 33445

Name and Title: _Jonathan Sahn, Secretary_   Name and Title: _____

Address _1435 NW 23rd Lane_   Address: _____

Delray Beach, FL 33445

Name and Title: _Jonathan Sahn, Treasurer_   Name and Title: _____

Address _1435 NW 23rd Lane_   Address: _____

Delray Beach, FL 33445

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI   REGISTERED AGENT
The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Florida Filing + Search Services Inc

Address: 155 Office Plaza Drive

Tallahassee, FL 32301

ARTICLE VII   INCORPORATOR

The **name and address** of the Incorporator is:

Name: Jonathan Sahn

Address: 1435 NW 23rd Lane

Delray Beach FL 33445

ARTICLE VIII   EFFECTIVE DATE:
Effective date, if other than the date of filing: _____ . (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

_____ 9/9/20
Required Signature/Registered Agent 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.

_____ 9-8-2020
Required Signature/Incorporator Date