3/5/2021 Division of Corporations

P21000020779

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000091000 3)))

H21000091000 3ABCN

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

2021 MAR -5 PM 7:15

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

From:
Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

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

Email Address: _____

RECEIVED
2021 MAR -5 PM 4:12
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL RECORDING SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
SILVA ELITE CONSTRUCTION CORP

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

Electronic Filing Menu Corporate Filing Menu Help

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: SILVA ELITE CONSTRUCTION CORP

ARTICLE II PRINCIPAL OFFICE
Principal street address
3860 NE 170TH ST APT 409 NORTH MIAMI BEACH, FL 33160

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 100 SHARES AT $1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ISAAC SILVA - PRESIDENT
Address 3860 NE 170TH ST APT 409
NORTH MIAMI BEACH, FL 33130

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

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: ISAAC SILVA

Address: 3860 NE 170TH ST APT 409

NORTH MIAMI BEACH, FL 33130

ARTICLE VII INCORPORATOR

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

Name: ISAAC SILVA

Address: 3860 NE 170TH ST APT 409

NORTH MIAMI BEACH, FL 33130

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 3/01/2021 (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.

Required Signature/Registered Agent — Date: 3/4/2021

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.

Required Signature/Incorporator — Date: 3/4/2021