

P22000039881

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.

((H22000182325 3)))



H220001823253ABCZ

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

To:

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

From:

Account Name : RASI
Account Number : I20220000023
Phone : (800)221-2972
Fax Number : (917)243-5843

****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

2022 MAY 23 PM 1:13

FLORIDA
DIVISION OF
CORPORATIONS
COMMERCIAL
SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
CAFE SILVA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2022 MAY 23 PM 2:23
OFFICE
OF THE
CLERK OF
THE
SUPREME
COURT
OF
FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: CAFE SILVA, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1185 SOUTH PINELLAS AVENUE1185 SOUTH PINELLAS AVENUETARPON SPRINGS, FL 34689TARPON SPRINGS, FL 34689**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: PRODUCTION AND SALE OF ORGANIC COFFEE**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: SILVANA PENA VIC, DIRECTOR

Name and Title: _____

Address 1185 SOUTH PINELLAS AVENUE

Address: _____

TARPON SPRINGS, FL 34689

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2022 MAY 23 PM 2:23
COUNTY OF PINELLAS, FL

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: REGISTERED AGENT SOLUTIONS, INCAddress: 155 Office Plaza Dr. Suite ATallahassee, FL 32301**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: STEPHAN MONEREAUAddress: 100 WALL STREET STE 503NEW YORK, NEW YORK 10005**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*_____
Required Signature/Registered Agent

05/23/2022

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.*_____
Required Signature/Incorporator

05/23/2022

Date