

P22 0000 47554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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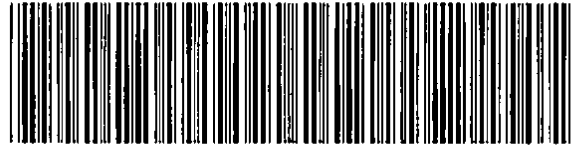
(Business Entity Name)

(Document Number)

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W22000077704

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

OR

W22000077704

SUBJECT: SILVA CASTRO CONSTRUCTION, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: DAYANETH RAMONA SILVA CASTRO
Name (Printed or typed)

7667 HERITAGE CROSSING WAY, APT. 101
Address

REUNION, FL 34747
City, State & Zip

407-744-5930
Daytime Telephone number

DAYANETHRSILVA@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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

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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 corporation shall be: SILVA CASTRO CONSTRUCTION, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

7667 HERITAGE CROSSING WAY, APT. 101

REUNION, FL 34747

Mailing address, if different is:

7667 HERITAGE CROSSING WAY, APT. 101

REUNION, FL 34747

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAYANETH RAMONA SILVA CASTRO

Address: 7667 HERITAGE CROSSING WAY, APT. 101

REUNION, FL 34747

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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: LESBIA SEGURA
Address: 3203 S ORANGE BLOSSOM TRAIL #206
KISSIMMEE, FL 34746

ARTICLE VII INCORPORATOR

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

Name: LESBIA SEGURA
Address: 3203 S ORANGE BLOSSOM TRAIL #206
KISSIMMEE, FL 34746

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TALLAHASSEE, FLORIDA

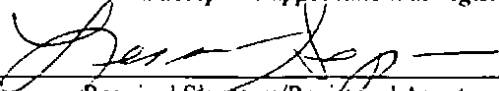
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JUNE 9, 2022 (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

06/09/2022

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

06/09/2022

Date