

8/20/22, 1:13 PM

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Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : TAX S PRO CORP
Account Number : I20200000147
Phone : (786)307-2733
Fax Number : (954)420-7118

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

Email Address:

INFO@TAXSPRO.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION
DIEGO ANDRES SILVA CORP**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2022 AUG 22 AM 8:01

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2022 AUG 22 AM 10:00

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Corporate Filing Menu

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D. O'KEEFE

AUG 23 2022

COVER LETTER

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

SUBJECT: DIEGO ANDRES SILVA CORP
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: TAX S PRO CORP
Name (Printed or typed)

8030 PINES BLVD
Address

PEMBROKE PINES , FLORIDA 33024
City, State & Zip

786-3072733
Daytime Telephone number

INFO@TAXSPRO.COM
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: **DIEGO ANDRES SILVA CORP**

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

**7060 LIBERTY ST
HOLLYWOOD, FL 33024**

**7060 LIBERTY ST
HOLLYWOOD, FL 33024**

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: _____ Name and Title: _____

Address **PRESIDENT**
SILVA RIVERO, DIEGO ANDRES

Address: _____

**7060 LIBERTY ST
HOLLYWOOD, FL 33024**

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____

Address: _____

2022 AUG 22 AM 10:00
STATE OF FLORIDA
TALLAHASSEE, FL 32301

FILED

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: TAX S PRO CORP
 Address: 8030 PINES BLVD
PEMBROKE PINES, FL 33024

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Address: DIEGO ANDRES SILVA
7060 LIBERTY ST
HOLLYWOOD, FL 33024

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 2022 AUG 22 AM 10:00
 CLERK OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 08/20/2022 (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

 Date 08/20/22

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 08/20/22