

P22000088490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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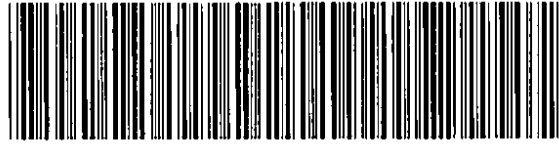
(Business Entity Name)

(Document Number)

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S. CHATHAM
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 NOV 29 PM 3:53



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FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA
Division of Corporations

November 29, 2022

CAPITAL CONNECTION, INC.

SUBJECT: CSILLA TRADING INC
Ref. Number: W22000146290

We have received your document for and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible

If OCS is not a part of the name of the entity, please remove it from Article I.,

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham
Regulatory Specialist II
New Filing Section

Letter Number: 622A00026195

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SILLA TRADING INC

Signature _____

Requested by: _____

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

Printer's Printing • Tallahassee, GA 32301

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

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: CSILLA TRADING INC

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
<u>300 KINGSPPOINT DR APT 508</u>	<u></u>
<u>SUNNY ISLES FL 33160</u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: BUSINESS SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>CSILLA OLAH</u>	<u>PRESIDENT</u>	Name and Title:	<u></u>
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Address	<u>300 KINGSPPOINT DR APT 508</u>	Address:	<u></u>
	<u>SUNNY ISLES FL 33160</u>		<u></u>
	<u></u>		<u></u>
	<u></u>		<u></u>

Name and Title:	<u></u>	Name and Title:	<u></u>
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Address	<u></u>	Address:	<u></u>
	<u></u>		<u></u>
	<u></u>		<u></u>

Name and Title:	<u></u>	Name and Title:	<u></u>
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Address	<u></u>	Address:	<u></u>
	<u></u>		<u></u>
	<u></u>		<u></u>

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: CSILLA OLAH
Address: 300 KINGSPPOINT DR APT 508
SUNNY ISLES FL 33160

ARTICLE VII INCORPORATOR

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

Name: CSILLA OLAH
Address: 300 KINGSPPOINT DR APT 508
SUNNY ISLES FL 33160

ARTICLE VIII EFFECTIVE DATE:

11/28/2022

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

Csilla Olah

Required Signature/Registered Agent

11/28/2022

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.

Csilla Olah

Required Signature/Incorporator

11/28/2022

Date