

**P2300038739**  
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 : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

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

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
201 178TH DR FL INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
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CORPORATIONS  
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**COVER LETTER**

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

**SUBJECT:** 201 178TH DR FL 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:** FERNANDO SILVA

42 ENDEAVOUR CRT

WHITBY, ON, CANADA, L1P 0B5  
City, State & Zip

+1 (416) 459-1326  
Daytime Telephone number

info@taxonweb.ca  
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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10 AM 8:15  
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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: 201 178TH DR FL INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

201 178TH DR APT #33542 ENDEAVOUR CRT, WHITBYSUNNY ISLES BEACH, FL 33160, UNITED STATESON, CANADA, L1P 0B5**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: PROPERTY RENTAL**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: FERNANDO SILVAName and Title: FERNANDO SILVADIRECTORPRESIDENTAddress 42 ENDEAVOUR CRT, WHITBY,Address 42 ENDEAVOUR CRT, WHITBY,ON, CANADA, L1P 0B5ON, CANADA, L1P 0B5

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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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: FERNANDO SILVA

Address: 201 178TH DR APT #335  
SUNNY ISLES BEACH, FL 33160, UNITED STATES

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: FERNANDO SILVA

Address: 42 ENDEAVOUR CRT, WHITBY  
ON, CANADA, L1P 0B5

**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.

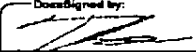
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

DocuSigned by  
  
483C17D801A3483... Required Signature/Registered Agent

5/16/2023 | 8:53:50 AM PDT

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.*

DocuSigned by  
  
Required Signature/Incorporator

5/16/2023 | 8:53:50 AM PDT  
Date