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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 : LAMADRID FINANCIAL SERVICES CORP
Account Number : I20200000059
Phone : (954)727-9771
Fax Number : (954)727-9773

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

Email Address: dion@lamadridfinancial.com

FLORIDA PROFIT/NON PROFIT CORPORATION
SILVER WINGS SERVICES CORP

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

2024

11:21

RECEIVED

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ELECTRONIC FILING

Electronic Filing Menu

Corporate Filing Menu

Help

< H24000265851 3 >

KC

<424000265851 3>

COVER LETTER

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

SUBJECT: SILVER WINGS SERVICES 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

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

ADDITIONAL COPY REQUIRED

FROM: MANUEL HINKE

Name (Printed or typed)

328 CRANDON BLVD SUITE 119-302

Address

KEY BISCAVNE, FL 33149

City, State & Zip

305-799-0306

Daytime Telephone number

manuelhinke@me.com

E-mail address: (to be used for future annual report notification)

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

< H24 000265851 3 >

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: SILVER WINGS SERVICES CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address328 CRANDON BLVD SUITE 119-302KEY BISCAYNE, FL 33149

Mailing address, if different is:

328 CRANDON BLVD SUITE 119-302KEY BISCAYNE, FL 33149**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: 1000 SHARES OF US \$1.00 PAR VALUE EACH**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MANUEL HINKEName and Title: PRESIDENTAddress 328 CRANDON BLVD SUITE 119-302

Address: _____

KEY BISCAYNE, FL 33149

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

< H24 000265851 3 >

< H24000265851 3 >

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: LAMADRID FINANCIAL SERVICES CORP
Address: 1265 S PINE ISLAND RD
PLANTATION, FL 33324

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: MANUEL HINKE
Address: 328 CRANDON BLVD SUITE 119-302
KEY BISCAYNE, FL 33149

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 08/07/2024 (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

ALEXIS LAMADRID

Required Signature/Registered Agent

08/07/2024

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.

MANUEL HINKE

Required Signature/Incorporator

Manuel Hinke

08/07/2024

Date

< H24000265851 3 >

2024