# 9700005008

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	S			
_	Ver Chesi I	VVCSIMENTS te name - must include suff	INC.	_
	•	30	000020562 -01/14/9701 *****70.00	2531 016019 *****70.00
Enclosed is an original a	and one(1) copy of the articles	of incorporation and a c	heck for :	_
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy  ADDITIONAL CO	\$131.25 Filing Fee, Certified Copy & Certificate  PY REQUIRED	-
_ <i>3</i>	DAN SANTO Name (Printed No. SUNA Addres  City, State	or typed)  is e si.  461 & Zip	-4 16	TILED 3. 14 9: 23
	954- 345- /90 Daytime Teleph	one number	<del></del>	

JAN 14 4: 85B

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

## ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

### ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

DAN SANTOLI
2068 W. SUNTISE ST.
LECANTO, FL. 34461

ANDREW SANTOLI
10619 W. DTLANTIC
4124
CORAL SPRINGS, FL. 33071

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

8 day of <u>JANLALL</u>, 19 97.

(An additional article must be added if an effective date is requested.)

Signature Signature

Signature

Signature

# Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is	Silver Clest Invesin	enTs, Inc.
2. The name and address of the re	egistered agent and office is:	
0	ANTOLI (NAME)	
	0. Box of Mail Drop Box NOT ACCEPTABLE)	TALLAHAN 13
Le	CANTO FL. 34461 (CITY/STATE/ZIP)	SSEE. FL.
		ORIGA ORIGA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dan Justi (Signature) (Date)