	·		
	ORTY IN UST AVENUE, SUITE: 16	1387	13
City/Slate/2 LOCAL REPRES	Address DA 33174 (305)552-5973	Office Use On	-01054008 0 ****122.50
2.	Dration Name) (Documen		
4(Corpo	oration Name) (Documen	TH) FLORI	JUUN - 3 PH 3: 12
Mail out	ъ гъ н	Certified Copy	-
NEW FILINGS Profit NonProfit Limited Liability Domestication Other	Amendment Amendment Resignation of R.A., Officer/ Director Change of Registered Agent Dissolution/Withdrawal Merger	vi Alla	
Annual Report Fictitious Name Name Reservation	Foreign Limited Partnership Reinstatement Trademark	HILL STATION OF CORPORATI	RECEIVED 97 JUN -2 ANII: 13
CR2E031(1/95)		Examiner's Initials	ω · · · ·



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 2, 1997

LAZARUS

MIAMI, FL

SUBJECT: SILVA, CORPORATION D/B/A HOME TOWN BAKERY, INC. Ref. Number: W97000012819

We have received your document for SILVA, CORPORATION D/B/A HOME TOWN BAKERY, INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Corporations may file using only the corporate name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

The entity name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved entity. Names of administratively dissolved entities are not available for one year from the date of administrative dissolution unless the dissolved entity provides the Department of State with a notarized affidavit executed as required by section 607.0120, 617.01201, 608.5135 or 608.4482 Florida Statutes, permitting the immediate assumption or use of the name by another entity.

Simply adding "of Florida" or "Florida" to the end of a name does not constitute a difference.

When the document is resubmitted, please return a copy of this letter to ensure **C- NDF** ΩN N proper handling.

If you have any questions about the availability of a particular name, please (904) 488-9000.

If you have any questions concerning the filing of your document, please (904) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 497A00029671

ĩ٦ C

EIVED

ŝ

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 1 NAME The name of the corporation shall be: DESILVA CREATIONS, INC.	ECATIARY OF STATE	7 JUN - 3 PH 3: 12	
--	-------------------	--------------------	--

ARTICLE II PRINCIPAL OFFICE

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

1060 Pennslyvania Avenue, Ste. 7 Miami Beach, Florida 33139

ARTICLE III SHARES

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

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Ivette Cruz 2860 N.W. 4th Street Miami, Florida 33125 (305) 649-2156

ARTICLE V INCORPORATION (S)

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

Richard Silva 2860 N.W. 4 Street, Miami, Florida 33125 (President and Treasure)

1

ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) of these Articles of Incorporation is(are).

Richard Silva 2860 N.W. 4 Street, Miami, Florida 33125 (President and Treasure)

Ivette Cruz 2860 N.W. 4 Street, Miami, Florida 33125 (Secretary)

The undersigned incorporator(s) has (have be executed these Article of Incorporation this 30 day of 2000, 1997.

(kickard Sil
Signature
hette un
Signature

.

Signature

Article of Incorporation Filing Fee - \$35.00

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Sections 607.0501 or 617.0501, 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: DESILVA CREATIONS, INC.
- 2. The name and address of the registered agent and office is: (name, address (P.O. Box Not Acceptable), City/State/Zip)

IVETTE CRUZ 2860 N.W. 4th STREET MIAMI, FLORIDA 33125

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 AGREED 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.

signature Mette MB	, TALLAH	NNC 26	
Registered Agent Filing Fee:	ARY OF STATE	-3 PH 3: 12	