

P99000055776

TRANSMITTAL LETTER

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

500002908475--8

-06/18/99--01021--002

*******87.50 *****87.50**

SUBJECT: **Silvernox, Inc.**
(Proposed corporate name - must include suffix)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 JUN 18 PM 12:32

FILED

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: **Scott Gutman**
Name (Printed or typed)

7492 San Clemente Place
Address

Boca Raton
City, State & Zip

954-360-0750
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:
Silvernox, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
7492 San Clemente Place
Boca Raton, FL 33433-1005

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
Total Shares of stock are 10 owned by Scott Gutman

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:
Scott Gutman
7492 San Clemente Place
Boca Raton FL, 33433-1005

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:
Scott Gutman
7492 San Clemente Place
Boca Raton FL, 33433-1005



Signature/Incorporator

6/12/99

Date

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



Signature/Registered Agent

6/12/99

Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA