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SECRETARY OF STATE TALLAHASSEE, FLORIDA

# 05 NOV 28 PH 4: 00

#### **COVER LETTER**

FO: Registration Section Division of Corporations	
SUBJECT: SKYSTOCKS, INC	
(Name of corporation - must include suffix)	•
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
Stan L. Riskin	
(Name of Person)	
Stan L. Riskin, P.A.	
(Firm/Company)	
13899 Biscayne Blvd., Suite 106	
(Address)	
North Miami Beach, FL 33181	
(City/State and Zip code)	श
(Oldy state and Exp voids)	Ş.
For firsther information concerning this matter places call:	Z.
For further information concerning this matter, please call:	2
Stan L. Riskin at ( 305 ) 702-6465	3
(Name of Person) (Area Code & Daytime Telephone Number)	1
STREET/COURIER ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section	
Division of Corporations  Clifton Building  Division of Corporations  P.O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32314	
Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
▼\$70.00 Filing Fee	
Certificate of Status Certified Copy Certificate of Status &	
Certified Copy	



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 26, 2005

STAN L. RISKIN 13899 BISCAYNE BLVD STE 106 NORTH MIAMI BEACH, FL 33181

SUBJECT: SKYSTOCKS, INC. Ref. Number: W05000048787

We have received your document for SKYSTOCKS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

A brief description of the entity's nature of business must be included in the document.

A certificate of existence or a certificate of good standing, dated no more than 96 days prior to the delivery of the application to the Department of State, day authenticated by the secretary of state or other official having custody of records in the jurisdiction under the laws of which it is incorporated/organized must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 505A00064893

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

"Inc.," "Co.," "Corp." "Inc.," "Co.," or "Corp.")  (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  2. Nevada (State or country under the law of which it is incorporated)  4. 8 JUNE 2005 (Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 2625 N Green Valley Parkway Suite 290 Henderson, NV 89014  (Principal office address)  10609 W Atlantic Blvd. Coral Springs, FL 33071  (Current mailing address)  8. Aircarfts Parts Broker / Marketing  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Stan L. Riskin  Office Address:  13899 Biscayne Blvd., Suite 106  North Miami Beach (City)  10. Registered agent's acceptance:	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
2. Nevada (State or country under the law of which it is incorporated)  4. 8 JUNE 2005 (Date of incorporation)  6. 1 SEPTEMBER 2005  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 2625 N Green Valley Parkway Suite 290 Henderson, NV 89014  (Principal office address)  8. Aircarfts Parts Broker / Marketing  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Stan L. Riskin  Office Address:  13899 Biscayne Blvd., Suite 106  North Miami Beach (City)  10. Registered agent's acceptance:	"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
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10. Registered agent's acceptance:	North Miami Beach Florida 33181 중 중
	(City) (Zip code)
Having been remaded as additioned as out and to assent assists of manage for the at an attention at the at an	10. Registered agent's acceptance:
traving been named as registered agent and to accept service of process for the above stated corporation at the place	Having been named as registered agent and to accept service of process for the above stated corporation at the place
	designated in this application, 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 relative to the proper and complete performance of my duties,
	and I am familiar with and accept the obligations of my position as registered agent.
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Mawn. Rippim	Stant. Kippin

- 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and business addresses of officers and/or directors:

# A. DIRECTORS Chairman: Address: \_\_\_\_ Director: Shawn Christopher Address: 2625 N Green Valley Parkway Suite 290 Henderson, NV 89014 Director: \_\_ Address: \_\_\_\_ **B. OFFICERS** President: \_\_ Address: \_\_ Vice President: \_\_\_ Address: \_\_\_ Secretary: \_ Address: \_\_\_\_\_ NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) SHAWN CHRISTOPHER, DIRECTOR

(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, SKYSTOCKS, INC., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since June 8, 2005, and is in good standing in this state.

By

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on November 16, 2005.

DEAN HELLER Segretary of State

Certification Clerk