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April 30, 2008

SCHAFER WARREN SKELTON 166 CRANE ST PANAMA CITY BEACH, FL 32413

SUBJECT: SKELTON SERVICES INCORPORATED

Ref. Number: W08000021757

We have received your document for SKELTON SERVICES INCORPORATED and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the 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 the corrected original and one copy of 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) 245-6955.

Suzanne Hawkes Regulatory Specialist II New Filing Section

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes Regulatory Specialist II

Letter Number: 508A00026992

Letter Number: 508A00026992

### **COVER LETTER**

Division of Corporations	
SUBJECT: SKELTON Services Incorporated (Name of corporation - must include suffix)	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Flori "Certificate of Existence," and check are submitted to register the above referenced foreign corpor transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
SCHAFER WARREN SKELTON (Name of Person)  SKELTON Services FACORORATED. (Firm/Company)	<del></del>
(Name of Person)	
SKELTON Services + MCOHOLATEL.	<del></del>
PAULANA CHY BEACH FIA: 32413  (City/State and Zip code)	
(Address)	
PANAMA CHY BEACH FIA. 32413	
/ (City/State and Zip code)	
For further information concerning this matter, please call:	
WALLEN SKELTON at (850) 233-9211 (Name of Person) (Area Code & Daytime Telephone Number)	
(Name of Person) (Area Code & Daytime Telephone Number)	
(Maine of Forson)  (1800 - 774 - 0663	Cell
STREET/COURIER ADDRESS: MAILING ADDRESS:	
New Filing Section New Filing Section  Division of Corporations Division of Corporations	
Clifton Building 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 \$78.75 Filing Fee & \$78.75 Filing Fee & Certificate of Status Certified Copy Certified Copy	f Status &

# 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.
1. SKELTON SERVICES INCORPORATION
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "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. <u>6eol 6TA</u> (State or country under the law of which it is incorporated)  3. <u>58-2486432</u> (FEI number, if applicable)
4: 9/22/99 5. 2025 (Date of incorporation) [Ouration: Year corp. will cease to exist or "perpetual")
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. NONE
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
2 SUAFFR WARNEN CKELTOW 166 CRANE St. P.C. BF.
7. SCHAFER WARNEN SKELTOW 166 CRAME St. P.C. BF, (Principal office address) -1 324
166 CRUNE St. P.C.B. F/A. 32413 (Current mailing address)
(Current mailing address)
8. SCB contracting From Speneral Contractors  (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: Schafer wavrey skeun
166 CD WD CL.
Office Address: $\frac{710 \text{ Cityre SI}}{\text{(City)}}$ $\frac{710 \text{ Cityre SI}}{\text{(City)}}$ $\frac{32413}{\text{(Zip code)}}$
10: Registered agent's acceptance:  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.
unu i um jumunur wun unu uccepi ine voitgutions of my position as regisiereu agent.
Lui Mustur
(Registered agent's signature)

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: SCHAFEN WARREN SKELTON
Address: 166 CRANE St.
P.C.B. F/A. 32413
Vice Chairman: SCHAFER WARLEN SKELTON
Address: 166 CRAWE St
0-4 -14 82113
Director: SCHAFER WAVVEN SKELTON  Address: 166 (PAN St.  P-C-B FIM- 92413
Address: 166 (RAN St.
Address: 166 (PAR St. 72413)
Director: Pr.C.B. Flu. 924/3  Director: SCHUFER WAVE SKELTON
Address: 166 CRAW St.
P-C.B FIA 32413
B. OFFICERS
President: SCHAFER WAVED SKELTOW
Address: 166 CRANE St.
Vice President: SCHAFEN CHANNEY SKELTON
Address: 166 CRANE St- C
P.C.B F14- 32413
Secretary: Schafe WAKEY SKELTUN
Address: 166 CRADE St. PCB F14 32413
Treasurer: SCHAFEN WAYNEN SKELYON
Address: 166 CLUM St. PCB F/A 32413
NOTE: If necessary, you may attach an addendam to the application listing additional officers and/or directors.
(Signature of Director or Officer listed in number 12 of the application)
(Signature of Director of Officer listed in number 12 of the application)  14 SCHAFEN WAVVEN SKELTON
(Typed or printed name and capacity of person signing application)

Control No. K938818

## STATE OF GEORGIA

## Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

## CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

#### SKELTON SERVICES, INC.

#### **Domestic Profit Corporation**

was formed or was authorized to transact business on 09/17/1999 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 22nd day of April, 2008

Karen C Handel Secretary of State

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Certification Number: 2852685-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp