

F09000000 340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

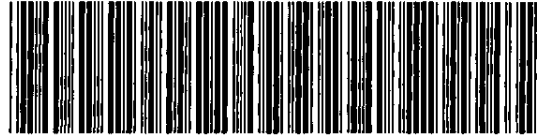
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/16/09--01052--007 **87.50

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2009 JAN 27 P 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 28 2009
D. A. WHITE

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SKY LIMITS 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:

ANTWON TRICE

(Name of Person)

SKY LIMITS INC

(Firm/Company)

P.O. BOX 372029

(Address)

SATELLITE BEACH FL, 32937

(City/State and Zip code)

For further information concerning this matter, please call:

ANTWON TRICE

(Name of Person)

at (321) 537-0339

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
DEPARTMENT OF STATE

09 JAN 27 PM 4:14

January 21, 2009

ANTWON TRICE
SKY LIMITS INC
PO BOX 372029
SATELLITE BEACH, FL 32937

SUBJECT: SKY LIMITS 1 INC
Ref. Number: W09000002828

We have received your document for SKY LIMITS 1 INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

The date of incorporation must be identical with the certificate.

The registered agent must sign accepting the designation.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White
Regulatory Specialist II

Letter Number: 709A00002027

**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. **SKY LIMITS INC**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

SKY LIMITS 1 INC

(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)

3. **204977498**

(FEI number, if applicable)

4. **MAY 18, 2006**

(Date of incorporation)

5. **PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

6. **HAVE NOT TRANSACTED BUSINESS**

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **2065 HWY A1A SUITE 1402 SATELLITE BEACH FL, 32937**

(Principal office address)

P.O. BOX 372029 SATELLITE BEACH FL, 32937

(Current mailing address)

8. **NURSE REGISTRY**

(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: **ANTWON TRICE**

Office Address: **2065 HWY A1A SUITE 1402**

INDIAN HARBOUR BEACH, Florida **32937**

(City)

(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.



(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: _____

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Address: _____

2009 JAN 27 P 2:18

Vice Chairman: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: ANTWON TRICE

Address: P.O. BOX 51041 MYRTLE BEACH SC, 29579

Vice President: MARISA SCAVILLA

Address: P.O. BOX 51041 MYRTLE BEACH SC, 29579

Secretary: ROBERT BYRD

Address: P.O. BOX 51041 MYRTLE BEACH SC, 29579

Treasurer: KEVIN DYER

Address: P.O. BOX 51041 MYRTLE BEACH SC, 29579

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. ANTWON TRICE

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

SECRETARY OF STATE



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2009 JAN 27 P 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

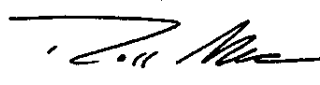
CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, 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, **SKY LIMITS 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 May 18, 2006, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 13, 2009.


ROSS MILLER
Secretary of State

Certified By: Christine Rakow
Certificate Number: C20090109-0956
You may verify this certificate
online at <http://www.nvsos.gov/>

STATE OF NEVADA

ROSS MILLER
Secretary of State

SCOTT W. ANDERSON
Deputy Secretary
for Commercial Recordings



OFFICE OF THE
SECRETARY OF STATE

Commercial Recording Division

202 N. Carson Street
Carson City, NV 89701-4069
Telephone (775) 684-5708
Fax (775) 684-7138

AMCORP

Job: C20090109-0956

January 13, 2009

Special Handling Instructions:
EMAILED amcorp@lvcm.com
CMR 1-13-09

Charges

| Description | Document Number | Filing Date/Time | Qty | Price | Amount |
|--|-----------------|----------------------|-----|---------|---------|
| Cert of Existence (good standing - short form) | 20060320696-24 | 5/18/2006 8:00:15 AM | 1 | \$50.00 | \$50.00 |
| Total | | | | | \$50.00 |

Payments

| Type | Description | Amount |
|--------|-----------------------|---------|
| Credit | 391105 09011313454330 | \$50.00 |
| Total | | \$50.00 |

Credit Balance: \$0.00

Job Contents:

Certificate of Good Standing Short(s): 1

AMCORP

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2009 JAN 21 P 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA