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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

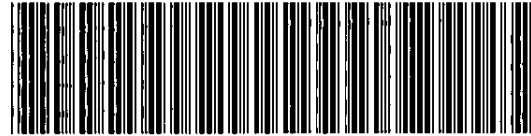
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/22/10--01021--011 **78.75

FILED
10 DEC -9 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

601-55084
RS 12/10/10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 29, 2010

CAMMIE WARBURTON
CORPORATE DIRECT, INC.
2248 MERIDIAN BLVD, SUITE H
MINDEN, NV 89423

SUBJECT: NEW SKY VENTURES, INC.
Ref. Number: W10000055084

We have received your document for NEW SKY VENTURES, INC. and your check(s) totaling \$78.75. 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.

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

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.

If you have any further questions concerning your document, please call (850) 245-6901.

Pamela Smith
Regulatory Specialist II
New Filing Section

Letter Number: 210A00027621

Corrected documents attached

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: New Sky Ventures, 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," or "Certificate of Good Standing" 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:

Cammie Warburton

Name of Person

Corporate Direct, Inc.

Firm/Company

2248 Meridian Blvd., Suite H

Address

Minden, NV 89423

City/State and Zip code

brian.majorsky@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cammie Warburton

Name of Person

at (775) 284-7162

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

**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. NEW SKY VENTURES, INC.

(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. Wyoming

(State or country under the law of which it is incorporated)

3. 20-3694366

(FEI number, if applicable)

4. 10/20/2005

(Date of incorporation)

5. perpetual

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

6. _____

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

7. 1281 Burgos Drive Sarasota, FL 34236

(Principal office address)

SAME

(Current mailing address)

8. _____

(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: Gerri Detweiler

Office Address: 1037 Greystone Lane

Sarasota

(City)

, Florida 34232

(Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Brian Majorsky

Address: 1281 Burgos Drive

Sarasota, FL 34238

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Brian Majorsky

Address: 1281 Burgos Drive

Sarasota, FL 34238

Vice President: _____

Address: _____

Secretary: Brian Majorsky

Address: 1281 Burgos Drive, Sarasota, FL 34238

Treasurer: Brian Majorsky

Address: 1281 Burgos Drive, Sarasota, FL 34238

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

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Brian Majorsky, President

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

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NO DEC -9 PM 1:05
SECRETARY OF STATE
ALMA HARRIS, PH.D.

STATE OF WYOMING
Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

New Sky Ventures, Inc.

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on **October 20, 2005**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2005-000501582**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 7th day of December, 2010 at 1:22 PM. This certificate is assigned 008871226.




Secretary of State

FILED
TO DEC -9 PM 1:05
SECRETARY OF STATE
CHEYENNE, WYOMING