

F12000004031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

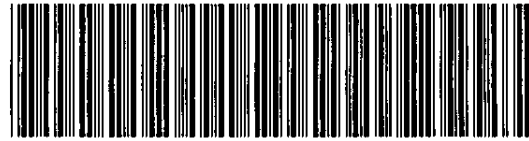
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

Let-
W12000048043



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 OCT - 1 PM 2:09

10/2/12

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SkillsPlus International 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:

Craig Allan Dewes

Name of Person

SkillsPlus International Inc.

Firm/Company

300 E. Oakland Park Blvd. # 368

Address

Wilton Manors, Florida 33334

City/State and Zip code

allan.dewes@skillsplusinc.com

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

For further information concerning this matter, please call:

Craig Allan Dewes

Name of Person

at (954) 873.7422

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

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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



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

DESIGNATION OF CORPORATIONS

September 18, 2012

CRAIG ALLAN DEWES
300 E. OAKLAND PARK BLVD. #368
WILTON MANORS, FL 33334

SUBJECT: SKILLSPLUS INTERNATIONAL INC.
Ref. Number: W12000048043

We have received your document for SKILLSPLUS INTERNATIONAL 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 registered agent must sign accepting the designation.

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) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 712A00023415

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**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. SkillsPlus International 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. California

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

3. 68-0415717

(FEI number, if applicable)

4. 1998

(Date of incorporation)

5. Perpetual

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

6. 9/30/2012

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

7. 516 NW 20th Street, Wilton Manors, FL 33311

(Principal office address)

300 E. Oakland Park Blvd #368, Wilton Manors, FL 33334

(Current mailing address)

8. Relocation of personnel

(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: Craig Allan Dewes

Office Address: 300 E. Oakland Park Blvd #368

Wilton Manors

(City)

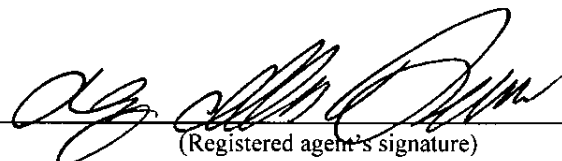
, Florida 33334

(Zip code)

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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:

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DIVISION OF CORPORATIONS

A. DIRECTORS

Chairman: Craig Allan Dewes

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Address: 516 NW 20th Street

Wilton Manors, Fl 33311

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Craig Allan Dewes

Address: 516 NW 20th Street

Wilton Manors, Fl 33311

Vice President: _____

Address: _____

Secretary: Craig Allan Dewes

Address: 516 NW 20th Street, Wilton Manors, Fl 33311

Treasurer: Craig Allan Dewes

Address: 516 NW 20th Street, Wilton Manors, Fl 33311

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. Craig Allan Dewes, President and Secretary

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

State of California
Secretary of State

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CERTIFICATE OF STATUS

ENTITY NAME:

SKILLSPLUS INTERNATIONAL INC.

FILE NUMBER: C2111232
FORMATION DATE: 06/12/1998
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of September 11, 2012.

Debra Bowen

DEBRA BOWEN
Secretary of State