F12000004181

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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N. Culligan 0CT 1 2 2012



ACCOUNT NO. : I2000000195

REFERENCE : 284472

4353914

7/2 Jose

AUTHORIZATION

COST LIMIT

ORDER DATE: July 23, 2012

ORDER TIME : 11:18 AM

ORDER NO. : 284472-010

CUSTOMER NO: 4353914

FOREIGN FILINGS

NAME: SKYLINE INNOVATIONS, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes -- EXT# 52920

EXAMINER:

COVER LETTER

	iling Sect on of Corp					
SUBJECT:	Skyline	Innovations, Inc.				
5020101.		Name of co	rpora	tion - must includ	e suffix	
Dear Sir or Ma	dam:					
"Certificate of	Existence	on by Foreign Corpor," or "Certificate of Go corporation to transa	ood S	Standing" and che		Business in Florida," aitted to register the
Please return al	II correspo	ondence concerning th	nis ma	itter to the follow	ing:	
Aaron Hill						
			Name	of Person		
DLA Piper LI	LP (US)					
		F	irm/C	Company		
500 8th Street	, NW					
			A	ddress		
Washington, I	OC 2000	4				
		Cit	y/Sta	te and Zip code		
bgottlieb@sky	lineinno	vations.com				
		E-mail address: (to	be us	ed for future annu	ial report no	tification)
For further info	ormation o	oncerning this matter	, plea	se call:		
Aaron Hill		at (202	799-4219		
Name	of Person		Ar	rea Code & Daytin	me Telephor	ne Number
New Fi Division Clifton 2661 E	iling Sect on of Corp Building	orations Center Circle		Nev Div P.O	VILING AD v Filing Sec ision of Cor . Box 6327 ahassee, FL	tion porations
Enclosed is a cl	heck for t	he following amount:				
⊠ \$70.00 Fil	ing Fee	\$78.75 Filing Fee Certificate of Sta		\$78.75 Filing Certified Co		\$87.50 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE	E WITH SECTION 607.1503, FLORIDA .	S7	TATUTES, THE FOLLOWING IS SUBA	HTTEI). <i>TO</i>		
REGISTER A FO	REIGN CORPORATION TO TRANSACT	B	BUSINESS IN THE STATE OF FLORID		20		
1. Skyline Innov	vations. Inc.			至至.	DCT -		
	corporation; must include "INCORPORATEL). [,]	"COMPANY," "CORPORATION,"	<u> </u>			
	Corp," "Inc," "Co," or "Corp.")	•	,		- O		
				11. 11. zr	R		
				,	्र S		
(If name unavail	able in Florida, enter alternate corporate nam	e a	adopted for the purpose of transacting busing	ness in I			
2. Delaware	3	ì.	45-422-3455				
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)					
4. 12/28/11			5. Perpetual				
(Date of incorporation)			(Duration: Year corp. will cease to exist or "perpetual")				
6.							
			Florida, if prior to registration)				
	(SEE SECTIONS 607.1501 & 607.	15	02, F.S., to determine penalty liability)				
7. 1785 Massach	nusetts Avenue, NW, Suite 507, Wash	in	gton, DC 20036				
-	(Principal office ad	ldr	ess)				
1785 Massach	nusetts Avenue, NW, Suite 507, Wash	in	gton, DC 20036				
-	(Current mailing ad	ldr	ress)				
8. Promotion of	Green Energy Systems						
(Purpose(s	s) of corporation authorized in home state or o	co	untry to be carried out in state of Florida)	•			
9 Name and stree	et address of Florida registered agent: (P.	0	Roy NOT acceptable)				
or i valle and <u>street</u>		. •	. Box <u>1101</u> acceptable)				
Name:	Corporation Service Company	-					
Office Address:	1201 Hays Street						
	Tallahassee		, Florida <u>32301</u>				
	(City)		(Zip code)				
10. Registered as	gent'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.

Corporation Service Company

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:

-		 	-
	$\boldsymbol{\nu}$	 	RS

Chairmar	zachary Axelrod		<u>ئ</u>
Address:	3001 13th Street, NW	$\exists s \Rightarrow \cdot$	•
	Washington, DC 20009	06.	
Vice Cha	irman: Richard Moore		
Address:	101 Constitution Avenue, NW	TO BE	
	Washington, DC 20001		
Director:	Joyce Ferris	5 S	
	40 West Evergreen Avenue		
	Philadelphia, PA 19118		
Director:			
Address:			
B. OFF	ICERS		-
President	Zachary Axelrod		
Address:	3001 13th Street, NW		
	Washington, DC 20009		
Vice Pres	ident:		
Secretary:	:		
Address:			
Treasurer			
Address:			
	If necessary, you may attach an addendum to the application listing additional office	rs and/or directors.	
The officare true a	Signature of Director or Officer ter or director signing this document (and who is listed in number 12 above) affirms that that he or she is aware that false information submitted in a document to the Departure felony as provided for in \$ 817.155. F.S.		

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

14. Zachary Axelrod, Chief Executive Officer

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SKYLINE INNOVATIONS, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF JULY,

A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SKYLINE INNOVATIONS, INC." WAS INCORPORATED ON THE FIRST DAY OF OCTOBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

TOCT I I PH L: 53
SECRETARY OF STATE
TALL AHASSI OF STATE

4737352 8300

120859520

AUTHENTYCATION: 9726059

DATE: 07-23-12

You may verify this certificate online at corp.delaware.gov/authver.shtml