Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : I20080000045 Phone : (302)645-7400 Fax Number : (302)645-1280

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: dan@skyskopes.com

FOREIGN PROFIT/NONPROFIT CORPORATION SkySkopes, Inc.

Certificate of Status	1
Certified Copy	0
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Electronic Filing Menu

Corporate Filing Menu



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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) name unavanati	le in Florida, enter alternate corporate name add	opted for the purpose of transacting bu	isiness in Florida)
Delaware	3		
	3		
	5		perpetual)
1168 12th St. NE C	irand Forks, ND 58201 (Principal	office address)	
	(Current mailing address of Florida registered agent: (P.O. Registered Agents Inc.	address, if different) Box NOT acceptable)	SECNETAR TÄLLAHASS
Name:			<u> </u>
	3030 N. Rocky Point Dr., STE 150A	_	
Name: ffice Address:	Tampa	, Florida	PHI2: S Y OF STA SEE, FLOR

10. 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.

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11. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman:	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,
Address:	
Vice Chairman:	
Address:	
Matt Dunlevy Director:	
1168 12th St. NE Grand Forks, ND 58201 Address:	
Director:	
Address:	
B. OFFICERS	
Matt Dunlevy President:	
- 1168 12th St. NE Grand Forks, ND 58201 Address:	
AUCIOSS.	Zia ±
Vice President:	<u>≥≋</u> 6
Address:	
	_ s 73 (
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing ac	
12. Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 11 a are true and that he or she is aware that false information submitted in a document third degree felony as provided for in s.817.155, F.S. Natt Dunlevy - President	above) affirms that the facts stated herein

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

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SKYSKOPES, 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 NINTH DAY OF NOVEMBER, A.D. 2018.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SKYSKOPES, INC."
WAS INCORPORATED ON THE EIGHTH DAY OF FEBRUARY, A.D. 2017.

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

SECRETARY OF STATE.

6311031 8300

SR# 20187568564

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

Justice, M. Bullance, Secretary of State

Authentication: 203871503

Date: 11-09-18