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COVER LETTER

то:	Registration Section Division of Corporations	
SHRJ	ECT: SKG AGENCY INC	
ООЪ		ition - must include suffix
Dear S	ir or Madam:	
"Certi	iclosed "Application by Foreign Corporation ficate of Existence," or "Certificate of Good referenced foreign corporation to transact bu	for Authorization to Transact Business in Florida," Standing" and check are submitted to register the siness in Florida.
Please	return all correspondence concerning this m	atter to the following:
SHAH	RAM KHALEDI	
	Nam	e of Person
SKG /	AGENCY INC	
	Firm/	Company
PO BO	0X 450169	
	A	ddress
LARE	DO, TX 78045-0003	
	City/St	nte and Zip code
eab@s	kgroupusa.com	
	E-mail address: (to be u	sed for future annual report notification)
For fu	rther information concerning this matter, ple	ase call:
EDW	ARD BECKELHYMER 956	Code Daytime Telephone Number
	Name of Person Area	Code Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Please	sed is a check for the following amount: make check payable to: FLORIDA DEPARTM 0.00 Filing Fee \$ \$78.75 Filing Fee & Certificate of Status	ENT OF STATE \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certified Copy 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.	SKG AGENCY INC				
•		orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," " (COMPANY," "CORPORATION,"	
	(If name unavaila	able in Florida, enter alternate corporate name	ado	pted for the purpose of transacting business in Florida)	
2.	TEXAS	3	87-	-0903776	
	(State or country	y under the law of which it is incorporated)		(FEI number, if applicable)	
4.	05/20/2021	5			
	(Date	of incorporation)		(Date of duration, if other than perpetual)	
6.	11/01/2021				
7.,	216 W VILLAGE	(SEE SECTIONS 607.1501 & 607. EBLVD STE 305, LAREDO, TX 78041-232	1502, 2	orida, if prior to registration) F.S., to determine penalty liability) street address)	
	PO BOX 450169	, LAREDO, TX 78045-0003		_ 0	
8	Name and stree	(Current mail to address of Florida registered agent: (P.		ddress, if different) Box NOT acceptable)	
.,.	Name:	SHAHRAM KHALEDI			
О	ffice Address:	2571 DEL LAGO DR		_	
		FORT LAUDERDALE		. Florida 33316	
		(City)		(Zip code)	

9. 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)

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.

A. DIRECTORS Name: SHAHRAM KHALEDI □ Chairman Chairman 2571 DEL LAGO DR Address: _____ □Vice Chairman Address: ☐ Vice Chairman FORT LAUDERDALE, FL 33316 □ Director □ Director President □President □ Vice President □ Vice President ☐ Treasurer □ Treasurer □ Secretary □ Secretary □Other ____ □Other _____ □Other _____ □Other _____ Name: _____ Chairman □ Chairman Name: □Vice Chairman Address: _____ □Vice Chairman Address: _______ □ Director □Director □President □ President □Vice President □Vice President _____ □Treasurer ☐'Treasurer □ Secretary □ Secretary Other _____ □Other _____ □Other _____ □Other _____ Name: ______ □ Chairman □ Chairman Name: ______ ☐ Vice Chairman Address: □Vice Chairman Address: _____ Director □ Director □ President □ President ☐ Vice President □Vice President ____ □ Secretary ☐Treasurer □ Secretary □Treasurer ☐ Other _____ □Other _____ Other _____ □Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the Index when filing your Florida Department of State Annual Report form. Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

SHAHRAM KHALEDI, PRESIDENT

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for SKG AGENCY INC. (file number 804076091), a Domestic For-Profit Corporation, was filed in this office on May 20, 2021.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 02, 2021.



Phone: (512) 463-5555

Prepared by: SOS-WEB

John B. Scott Secretary of State

Dial: 7-1-1 for Relay Services

Document: 1091131970005