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Certified Copies	_ Certificates	of Status
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COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: SKYVIEW NEIGHBORHOOD ASSOCIATION PARTNERS CORPORATION (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

\$70.00 Filing Fee	and one(1) copy of the Articl \$78.75 Filing Fee & Certificate of Status	sof Incorporation and \$\bigs\\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate
	ADDITIONAL CO		PPY REQUIRED
FROM:	Thomas W. Caufman Name (Prin	nted or typed)	_
	4905 West Laurel St. Address		
	Tampa, Florida 33607	tate & Zip	_
	(813) 286-8818		

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

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ARTICLES OF INCORPORATION

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In Compliance with Chapter 617, F.S., (Not for Profit) 07 NOV - 5 PM 3: 08

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ARTICL	E I	NAME

The name of the corporation shall be:

SKYVIEW NEIGHBORHOOD ASSOCIATION PARTNERS CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1302 Skyview Cove Lakeland, Florida 33801

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation is organized and will be operated exclusively for charitable and educational purposes within the meaning of 501(c)(3) of the Internal Revenue Code. Specifically, the corporation is organized to enhance quality of life, build community among neighbors, education, and promote a safe neighborhood with emergency response teams in the event of a disaster. In pursuance of these purposes it shall have the powers to carry on any business or other activity which may be lawfully conducted by a Florida corporation and to do all things necessary, proper and consistent with the maintaining of tax exempt status under section 501(c)(3).

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The directors shall be elected from time to time, in accordance with the Bylaws.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

President Mr A Leon Poitres 1302 Skyriew Ceve Lakemed Florida 33801

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Thomas W. Caufman 4905 W. Laurel St. Tampa, Florida 3367

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ARTICLE VIII DISSOLLITION

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Signature/Incorporator

11-02-07