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07/27/20--01047--008 **78.75

Derrick Thompson

COVER LETTER

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

SUBJECT: Skybuilders 4 All, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Marcela Restrepo

Name (Printed or typed)

5200 Saint Regis Pl

Address

Orlando, FL 32812

City, State & Zip

404-781-7902

Daytime Telephone number

mrestrepo@skybuildersusa.com

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

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

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Skybuilders 4 All, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5200 Saint Regis Pl

Orlando, FL 32812

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to increase economic mobility for pathways to better health, education, careers and living or building.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: as set forth in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Juan Rodriguez, President

Address: 2479 Fieldingwood Rd

Maitland, FL 32751

Name and Title: _____

Address: _____

Name and Title: Manuela Velez, Secretary

Address: 5200 Saint Regis Pl

Orlando, FL 32812

Name and Title: _____

Address: _____

Name and Title: Luis Santos, Treasurer

Address: 5200 Saint Regis Pl

Orlando, FL 32812

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Marcela Restrepo

Address: 5200 Saint Regis Pl
Orlando, FL 32812

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Manuela Restrepo

Address: 5200 Saint Regis Pl
Orlando, FL 32812

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Manuela Restrepo

Required Signature of Registered Agent

07/22/2020

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Manuela Restrepo

Required Signature of Incorporator

07/22/2020

Date