POUCOSOUS TRANSMITTAL LETTER SOLVEY

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

100003102101--6 -01/19/00--01020--001 *****78.75 *****78.75

SUBJECT:	SKYLIGHT SOLUT	IONS INTERNI	ATIONAL, 1	NC
		rate name - must include su	-01/19/00 *****78.75	01020001
Enclosed is an original \$70.00 Filing Fee	nal and one(1) copy of the article \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:		にと イ inted or typed)		
	Address On MANATER AVE ON STORE FILE			
	BRADENTON FL 34205			F CORPOR

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

Daytime Telephone number

C 13/4

ARTRELES OF INCORPORATION

The undersigned incorporator, for the purpose of for sing a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

FILEQ PIVISION OF CORPORATIONS

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ARTICLE I NAME

The name of the corporation shall be:

SYKLIGHT SOLUTIONS INTERNATIONAL, INC

ARTICLE II PRINCIPAL OFFICE

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

327 WHISPERING DAKS CT SARASOTA, FL 34232

MAIL: PO BOX 10296

SARASOTA FL 34278

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

000,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

ROGER CONLEY

2401 MANATEE AVE

BRADENTON, EL 34205

INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

DANA N 2 NOVOTZ

327 WHISPERING DAKS CT

SARASOTA, FL 34232

MAIL;

PO BOX 10296

-SARASOTA , FL

34278

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent