

TRANSMITTAL LETTER



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

000003767330--8 -02/26/01--01073--019 ******78.75 *****78.75

SUBJECT:	SKY DOLLARS, INC.
	(proposed corporate name)
Enclosed is an orig for \$ <u>78, 75</u>	inal and one (1) copy of the articles of incorporation and our check
FROM:	FRED NANUS, CPA
	Name (printed or typed) 4819 SHORELINE CIRCLE
	Address SANFORD, FLORIDA 32771
	City, State, & Zip
	Telephone Number

Note: Please provide the original and one copy of the Articles.

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ARTICLES OF INCORPORATION

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SKY DOLLARS, INC.

STORY OF THE PARTY The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorpora-

ARTICLE I NAME

The name of the corporation shall be:

SKY DOLLARS, INC.

ARTICLE II PRINCIPAL OFFICE

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

610 JASMINE ROAD

ALTAMONTE SPRINGS, FL.32701

ARTICLE III SHARES

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

1,000 SHARES OF COMMON STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

FRED NANUS, CPA 4819 SHORELINE CIRCLE SANFORD, FLORIDA 32771

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JOSE L. BORRERO
610 JASMINE ROAD
ALTAMONTE SPRINGS, FL. 32701

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

20 H

day of

Signature

Signature

Signature

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1.	The name of the corporation is:
2.	The name and address of the registered agent and office is:
	FRED NANUS, CPA
•	(NAME)
	4819 SHORELINE CIRCLE
	(P.O. BOX NOT ACCEPTABLE)
	SANFORD, FLORIDA 32771
	(CITY/STATE/ZIP)
PR TH AN PR FO	VING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF OCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN IS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT D AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE OVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERRIMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.
	DATE JANUARY 26,2001
	DATE JANUARY 26,2001