POLOQUI/835/

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

SKYKEY, INC. SUBJECT: (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 \$78.75 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate & Certified Copy Certified Copy & Certificate ADDITIONAL COPY REQUIRED FROM: SKYKEY, INC. Name (Printed or typed) 11019 SW CYPRESS BEND Address ARCADIA, FL 34266 City, State & Zip 941-637-1887 Daytime Telephone Number

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

P3/14/0/

FILED

01 DEC 13 AM 10: 14

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

SKYKEY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

11019 SW CYPRSS BEND ARCADIA, FL 34266

ARTICLE III SHARES

The number of shares of stock is:

1000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

BRIAN V. JOHNSON 11019 SW CYPRESS BEND ARCADIA, FL 34266

ARTICLE V INCORPORATOR

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

BRIAN V. JOHNSON 11019 SW CYPRESS BEND ARCADIA, FL 34266

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/Registered Agent

Date

121510

Signature/Incorporate

Date