Pod COCCS 7416 Department of State Division of Corporations

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

000006969060--0 -08/08/02--01022--011 *****87.50 ******87.50

SUBJECT: S.K.S. ENLY OF SES COYP.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an origi	nal and one (1) copy of the artic	cles of incorporation and	a check for:			
S70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED			
FROM:	He Gand Name (Printed or typed)	SECRETA	02 AUG 1	<u>TI</u>	
8740 Crestant Circle For 3 Fig. 5						
Olando, 1Cl 32819 SE 3						
-	407.876. Davime To	BO32	<u>) </u>			

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

mod 38/9



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

August 9, 2002

KIETTA GAMBLE 8740 CRESTGATE CIRCLE ORLANDO, FL 32819

SUBJECT: S.K.G. ENTERPRISES CORP.

Ref. Number: W02000023018

We have received your document for S.K.G. ENTERPRISES CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6878.

Alan Crum Document Specialist New Filing Section

Letter Number: 202A00047512

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)						
The name of the corporation shall be:	(uma)					
S. K.G. Enterprises and Eisternes Control Principal office The principal place of business/mailing address is:	or paroution					
P.O. Box 680206 Orlando Pl 32868						
ARTICLE III PURPOSE	92 ALI					
The purpose for which the corporation is organized is:	CR AL					
Heal Estate						
	FIL IG 16 ETARY HASSE					
ARTICLE IV SHARES	ED M1 9: 03 OF STATE					
The number of shares of stock is:	S: S					
7500	ORI : 0					
	□ 3					
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)						
The name(s), address(es) and title(s):						
Samuel Cample (11, \$10the Combie 8740 Crest gate Cir. 8740 Crest gate	7.000					
8740 Crest gall Cir 8740 Crest Gall	Circle 2819					
Orlando, 17 32819 Orlando, 19 3	P184					
C.E.G Resident						
1						
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:						
the name and Florida street address of the registered agent is.						
DIEM Canble						
3740 Clisterate Circle						
0/low 70lb, 70l 32819						
ARTICLE VII INCORPORATOR						
The name and address of the Incorporator is:						
the Les (innoll)						
by and telesce						
010000000000000000000000000000000000000	•					
**********************	********					
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 i	n this capacity					
district (Charles)	9/01/00					
Signature/Registered Agent	Date					
Signature Registered Agent	Date					
diam of a	0/0/00					
The state of the s	012102					
Signature/Incorporator	Date					