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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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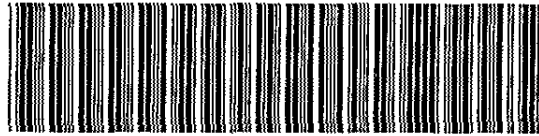
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: SKY Studios Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Samuel T Uccello

Name (Printed or typed)

1609 Rodman Street

Address

Hollywood, Florida 33020

City, State & Zip

954-522-1667

Daytime Telephone number

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

## ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be:

SKY Studios Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1609 Rodman Street  
Hollywood, Florida 33020

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Architecture

### ARTICLE IV SHARES

The number of shares of stock is:

5

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Samuel R. Uccello - President  
1609 Rodman Street  
Hollywood, FL 33020

### ARTICLE VI REGISTERED AGENT

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

Samuel R. Uccello  
1609 Rodman Street  
Hollywood, FL 33020

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Samuel R. Uccello  
1609 Rodman Street  
Hollywood, FL 33020

\*\*\*\*\*

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

2/6/04  
Date



Signature/Incorporator

2/6/04  
Date

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA