## P04000078962

(Requestor's Name)				
(Address)				
(Add	dress)			
(City	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
17/1/				

Office Use Only



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## TRANSMITTAL LETTER

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

UBJECT: skell	y roofing LLC		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	la check for:
<b>12</b> \$70.00	<b>□</b> \$78.75	\$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
111119111	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
FROM: D	on Skelly		
1 KOM	Name	(Printed or typed)	<del></del>
	9140 Mandarin Rd.		
		Address	
	Ft.Myers,Fl. 33912		·
		, State & Zip	<del></del>
	City,	men or enth	
	(239)437-2909		-
	Daytime T	elenbone number	

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 4, 2004

DON SKELLY 9410 MANDARIN RD FT MYERS, FL 33912

SUBJECT: SKELLY ROOFING LLC

Ref. Number: W04000017171

We have received your document for SKELLY ROOFING LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please remove the suffix LLC. And use one that is listed below. Also complete articles II, VI and VII

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

You must list at least one incorporator with a complete business street address.

## In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: Skelly Roofing Try.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

9140 Mandarin Rd.

Ft my er5, Fl. 33912

ARTICLES OF INCORPORATION

**ARTICLE III PURPOSE**The purpose for which the corporation is organized is:
Roofing

ARTICLE IV SHARES
The number of shares of stock is:
2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
List name(s), address(es) and specific title(s):
Don Skelly-9140 Mandarin Rd. Ft.Myers,Fl.33912

ARTICLE VI REGISTERED AGENT

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

Don Skelly - 9140 Mandarin Rd.

Janyers, Fl. 33912

The name and address of the Incorporator is:

Don Skelly 9140 mandarin Rd.

The myers Fl. 33912

***********	***********	*****************
Having been named as registered agent to a	ccept service of process for the abov	e 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
Warstelly	Don Skelly	Splay
Signature/Registered Agent	7	Date

Dr. Helle Signature/Incorporator y by by Date

Dan skelly

04 MAY 17 AM 8: 28