

P04000088200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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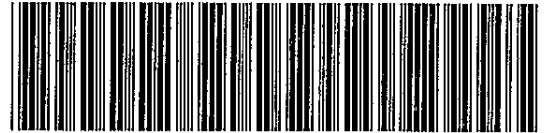
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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: Skeetshooters 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: Carlos Crego

Name (Printed or typed)

12230 SW 122 Path

Address

Miami, Florida 33186

City, State & Zip

786-473-3493

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:
Skeetshooters Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
12230 SW 122 Path
Miami, Florida 33186

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Internet Commerce

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Carlos Manuel Crego - President
12230 SW 122 Path
Miami, Florida 33186

ARTICLE VI REGISTERED AGENT

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

Carlos Manuel Crego
12230 SW 122 Path
Miami, Fl. 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Carlos Manuel Crego
12230 SW 122 Path
Miami, Fl. 33186

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

5-19-04

Date



Signature/Incorporator

5-19-04

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA