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SECKLISTS OF STATE

TRANSMITTAL LETTER

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

SUBJECT: KY	LE SKAAR PA		
Enclosed are an orig	(PROPOSED CORPORA) ginal and one (1) copy of the artic		_
\$70.00 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 PPY REQUIRED
FROM:	KYLE SKAAR Name	(Printed or typed)	
	2806 112TH TERRACE EAST	Address	
	PARRISH, FLORIDA 34219 City,	State & Zip	
	727-409-4270	elephone number	
	Zaytine 1	arehitette timitieet	

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)

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ARTICLE I NAME

The name of the corporation shall be:

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KYLE SKAAR PA

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 2806 112TH TERRACE EAST PARRIS, FLORIDA 34219

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REAL ESTATE

ARTICLE IV SHARES

The number of shares of stock is: 1,000 SHARES AUTHORIZED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

KYLE SKAAR 2806 112TH TERRACE EAST PARRISH, FLORIDA 34219 PRESIDENT

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

KYLE SKAAR 2806 112TH TERRACE EAST PARRISH, FLORIDA 34219

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

KYLE SKAAR 2806 112TH TERRACE EAST PARRISH, FLORIDA 34219

Having been named as regis	tered 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
~ 11	

Signature/Registered Agent

Date Date

7-20-04

Signature/Incorporator

Date