

Sep-15

02:00 am

From: DAVID WILLIAMS LAW FIRM PA

302-575-0925

P.001/002 F-997

705000127244

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000220545 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 205-0381

From:

Account Name : AGENTS AND CORPORATIONS, INC  
Account Number : I20010000112  
Phone : (302) 575-0875  
Fax Number : (302) 575-0925

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 SEP 15 AM 9:51

FILED

FLORIDA PROFIT CORPORATION OR P.A.

Skilled Funding Group, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing

Public Access Help

J. Shivers SEP 16 2005

**ARTICLES OF INCORPORATION  
OF  
Skilled Funding Group, Inc.**

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

ARTICLE I NAME

The name of the corporation shall be: Skilled Funding Group, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is: P.O. Box 650852, 2250 4<sup>th</sup> Lane, Vero Beach, FL 32965

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any lawful act or activity for which corporations may be organized under the Florida Business Corporations Act of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock authorized to issue 1,500 shares of no par common voting stock.

ARTICLE V REGISTERED AGENT

The name and Florida street address of the registered agent is Agents and Corporations, Inc., Suite E, 773 4<sup>th</sup> Avenue North, Naples, Florida 34102.

ARTICLE VI INCORPORATOR

The name and address of the Incorporator is: David N. Williams, Esq., Suite E, 773 4<sup>th</sup> Avenue North, Naples, Florida 34102.

ARTICLE VII OFFICERS/DIRECTORS

The name and address of the Officer/Director is:

Armando G. Jarrin, Dir., Pres. Myriam A. Jarrin, Dir., Sect., Tres.

\*\*\*\*\*

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 appointment as registered agent and agree to act in this capacity

David N. Williams  
Signature/Registered Agent

9/15/05  
Date

David N. Williams  
Signature/Incorporator

9/15/05  
Date

FILED  
05 SEP 15 AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA