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COVER LETTER

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

SUBJECT:	SKYLIGHT (PROPOSED CORPORAT	 		
	,	2		
Enclosed are an original	ginal and one (1) copy of the artic	les of incorporation and	l a check for:	
Siling Fee	\$78.75 Flying Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO		
FROM: JOHN PETROFF Name (Printed or typed) 9187 VILLA PALMA LANE Address				
PACM BEACH GARDENS, FL. 33418				
561-707-7628 Daytime Telephone number				

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be:	ı
SKYLIGHT SALES, INC	•
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
9187 VICLA PACMA LANE PACM BEACH GAEDENS, FL. 3341	18
ARTICLE III PURPOSE	
SKYLIAHT SALES AND CONSULTATION S FOR PROFIT.	ERVICES
ARTICLE IV SHARES The number of shares of stock is:	
1,000	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	
JOHN PETROFF - PRESIDENT 1.P.	d
" V.F.	S S
ARTICLE VI REGISTERED AGENT	
ARTICLE VI REGISTERED AGENT	ed agent is:
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registers	ed agent is:
JOHN PETROFF 9187 VILLA PALMA LANE PALM BEACH GARDENS, FL. 33418	
PALM BEALD GARDENS, FL. 33918	•
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
SAME AS ABOVE	*
**************************************	*******
Having been named as registered agent to accept service of process for the above stated corpora	ation at the place designated in this
certificate, am familial with and accept the appointment as registered agent and agree to act in t	
	1-20-06
Signature/Registered Agent	1-20-06 Date 1-20-06
	
Signature/Incorporator	Date