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(Requestor's Name)

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(City/State/Zip/Phone #)

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PICK-UP

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

VH  
2047

## COVER LETTER

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

SUBJECT: S K and Associates, 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: Steve and Katherine Creach

Name (Printed or typed)

879 E Red House Branch Rd

Address

St. Augustine, FL 32084

City, State & Zip

904-808-4665

Daytime Telephone number

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

YDDUNOAT ONLY REQUIRED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 29, 2006

STEVE AND KATHERINE CREACH  
879 E RED HOUSE BRANCH RD  
ST. AUGUSTINE, FL 32084

SUBJECT: S K AND ASSOCIATES, INC.  
Ref. Number: W06000029447

We have received your document for S K AND ASSOCIATES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring  
Document Specialist  
New Filing Section

Letter Number: 706A00042955

# 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:

~~S-K and Associates, Inc.~~  
S K Creach and Associates, Inc.

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2487 US Hwy 1 South  
St. Augustine, FL 32086

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

New Corporation

## **ARTICLE IV SHARES**

The number of shares of stock is:

100

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Katherine H Creach- President  
Stephan K Creach - Vice President

## **ARTICLE VI REGISTERED AGENT**

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

Katherine H Creach  
879 E Red House Branch Rd  
St. Augustine, FL 32084

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

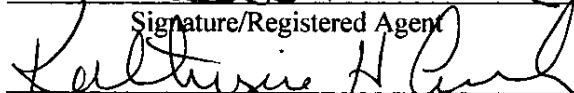
Katherine H Creach  
879 E Red House Branch Rd  
St Augustine, FL 32084

\*\*\*\*\*

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



Signature/Incorporator

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUL 12 AM 9:09

6-26-06  
Date

6-26-06  
Date