

Pd6000127981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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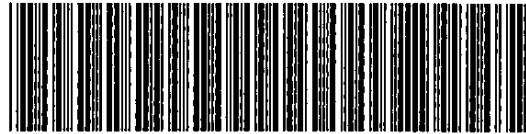
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06 OCT -5 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CD. 10-6

COVER LETTER

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

SUBJECT: SKYLET Billing, CORP.
(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: Yannira DelRosario-Rivera
Name (Printed or typed)

19320 NW 38th Court
Address

miami Gardens, FL 33055
City, State & Zip

305-620-9658
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:

SKylet Billing Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

19320 NW 38th CT, Miami Gardens, FL 33055

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFIT

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Yannira DelRosario-Rivera - Incorporator / Director
Albert Rivera Registered Agent

ARTICLE VI REGISTERED AGENT

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

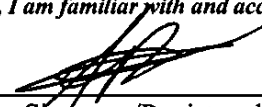
ALBERT Rivera
19320 NW 38 COURT
Miami Gardens, FL 33055

ARTICLE VII INCORPORATOR

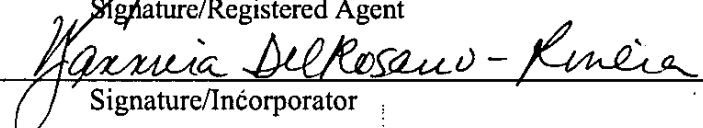
The name and address of the Incorporator is:

Yannira DelRosario-Rivera
19320 NW 38 COURT, Miami Gardens, FL 33055

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



Date



Date

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TALLAHASSEE, FLORIDA