# P0100042757

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
`	·			
Certified Copies	Certificates	of Status		
Special Instructions to F	iling Officer:			
		-		

Office Use Only



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)7 APR -5 PH 4: 16
SECRETARY OF STATE



# **COVER LETTER**

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

SUBJECT: SKYNEX	ENTERPRISE .INC		
	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
		,	
Enclosed are an original a	nd one (1) conv of the artic	elec of incorporation and	l a check for:
Enclosed are an original a	id one (1) copy of the artic	cles of incorporation and	a check for.
\$70.00	\$78.75	\$78.75	<b>✓</b> \$87.50
	ng Fee	Filing Fee	Filing Fee,
	Certificate of Status	& Certified Copy	Certified Copy
		No.	& Certificate of
		A DOUBLE OF	Status
		ADDITIONAL CO	DPY REQUIRED
	O HEDNAN CHADET		
FROM: ALVAN	O HERNAN SUAREZ	(Printed or typed)	<u> </u>
		(······	
4630	ORLEANS COURT	ROOM В.	
		Address	
WES	T PALM BEACH,FL 3	3415	
		State & Zip	······································
561-	379-0361		
<del></del>	Daytime T	elephone number	<del></del>

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:

SKYNEX ENTERPRISE, INC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4630 ORLEANS COURT ROOM B WEST PALM BEACH,FL 33415

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**RETAIL, IMPORT & EXPORT** 

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SECRETARY OF STATE
TALL ALIASSEE FLORIDA

## <u>ARTICLE IV SHARES</u>

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ALVARO H SUAREZ 4630 ORLEANS COURT ROOM B WEST PALM BEACH,FL 33415 PRESIDENT

CARLOS M SUAREZ 4630 ORLEANS COURT ROOM B WEST PALM BEACH,FL 33415 VICE PRESIDENT

#### ARTICLE VI REGISTERED AGENT

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

ALVARO H SUAREZ 4630 ORLEANS COURT ROOM B WEST PALM BEACH,FL 33415

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ALVARO H SUAREZ 4630 ORLEANS COURT ROOM B WEST PALM BEACH,FL 33415

************	**********
Having been named as registered agent to accept service of process certificate, I am familiar with and accept the appointment as registere	for the above stated corporation at the place designated in this d agent and agree to act in this capacity
Sm)m	04-02.2007
Signature/Registered Agent	Date
VM Jum	04.03.3007
Signature/Incorporator	Date