

PO 7000070201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

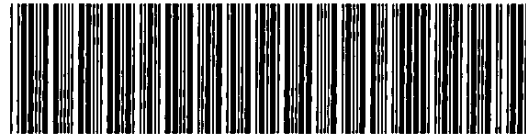
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600102995396

05/25/07--01030--003 **70.00

FILED
07 MAY 25 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W007-25789
5/30
ST



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 30, 2007

AINSWORTH THOMPSON
9990 RIVER RUN CIRCLE
MIRAMAR, FL 33025

SUBJECT: SKILL SERVICE INDUSTRIES INC
Ref. Number: W07000025789

We have received your document for SKILL SERVICE INDUSTRIES INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 245-6955.

Suzanne Hawkes
Document Specialist
New Filing Section

Letter Number: 107A00037206

COVER LETTER

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

SUBJECT: SKILL SERVICE INDUSTRIES 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: AIRSWORTH THOMPSON
Name (Printed or typed)
9990 River Run Circle
Address
MIRAMAR, FL 33025
City, State & Zip
9542964323
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:

Skill Service Industries Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

9990 River Run Circle
Miramar, FL 33025

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Profit

ARTICLE IV SHARES

The number of shares of stock is:

One

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Ainsworth Thompson
9990 River Run Circle
Miramar, FL. 33025

ARTICLE VI REGISTERED AGENT

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

Ainsworth Thompson
9990 River Run Circle
Miramar, FL. 33025

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ainsworth Thompson
9990 River Run Circle,
Miramar, FL. 33025

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

Ainsworth Thompson
Signature/Registered Agent
Ainsworth Thompson
Signature/Incorporator

FILED
07 MAY 25 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/7/07
Date
6/7/07
Date