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SECNETARY OF STATE
AND AUGUSTA

T. Burch DEC 2.1 2007.

COVER LETTER

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

SUBJECT: Skylir	ne Provisions, Inc. (PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: M	ichael Eric Cilurso		
71.01		e (Printed or typed)	
	3769 NE Skyline Drive		
	Jensen Beach, FL 34	Address 1957 , State & Zip	· · · · · · · · · · · · · · · · · · ·
	772-260-2713	Talanhana numbar	<u></u>

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 12, 2007

MICHAEL E CILURSO 3769 NE SKYLINE DRIVE JENSEN BEACH, FL 34957

SUBJECT: SKYLINE PROVISIONS, IINC.

Ref. Number: W07000060188

We have received your document for SKYLINE PROVISIONS, IINC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2008 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

Please return the corrected 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) 245-6928.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 607A00069697

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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:

Skyline Provisions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 3769 NE Skyline Drive, Jensen Beach, FL 34957

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any and all legal business and business practices.

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):

Michael Eric Cilurso - President, Secretary, Treasurer 3769 NE Skyline Drive Jensen Beach, FL 34957 FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: Michael Eric Cilurso 3769 NE Skyline Drive Jensen Beach, FL 34957

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Michael Eric Cilurso 3769 NE Skyline Drive Jensen Beach, FL 34957

*************	**********
Having been named as registered agent to accept service of process for the a certificate, I am familiar with and accept the appointment as registered agent a	bove stated corporation at the place designated in this and agree to act in this capacity
Jellet Cu Pilm	12-18-07
Signature/Registered Agent	Date
July ten telle	12-18-07
Signature/Incorporator	Date