

PI0000022224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

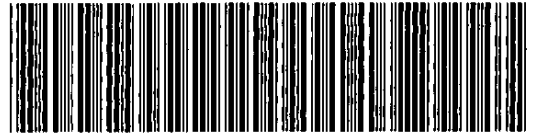
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3-12-10 8

COVER LETTER

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

SUBJECT: SKG Management Services, 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: Caroline Bielas, Esq.

Name (Printed or typed)

522 N. Main Street, Ste. 100

Address

Milford, MI 48381

City, State & Zip

248-684-2400 Ext. 203

Daytime Telephone number

cbielas@sierragrouponline.com

E-mail address: (to be used for future annual report notification)

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: *SKG Management Services, Inc.*

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

*19329 Sabal Lake Dr.
Boca Raton, FL 33434*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawful purpose for which a corporation can be organized under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: *1,000 (one thousand)*

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ARTICLE VI REGISTERED AGENT

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

*Karen Grossman
19329 Sabal Lake Dr.
Boca Raton, FL 33434*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Karen Grossman
19329 Sabal Lake Dr.
Boca Raton, FL 33434*

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

Karen Grossman

Signature/Registered Agent

Karen Grossman

Signature/Incorporator

3/8/10

Date

3/8/10

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA