

710000096684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

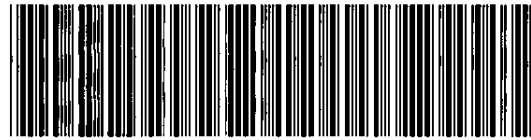
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2010 NOV 24 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Stivers NOV 30 2010

COVER LETTER

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

SUBJECT: SKYINTELLIGENT 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: NOLVIA RODRIGUEZ
Name (Printed or typed)

2606 SAM ROAD
Address

JACKSONVILLE, FL 32216
City, State & Zip

(904) 866 7878
Daytime Telephone number

NOLVIA RODRIGUEZ@SKYINTELLING.COM
E-mail address: (to be used for future annual report notification)

STATE TALLAHASSEE FLORIDA
2010 NOV 29 AM 11:34
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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 SKYINTELLIGENT INC

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
2606 SAM ROAD
JACKSONVILLE, FL 32216

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
RESEARCH IN THE USA LOCAL ONLINE MARKET FOR THE LOWEST AVAILABLE PRICES TO PURCHASE GOODS AS ELECTRONIC, NETWORK EQUIPMENTS, SECURITY SUCH CCTV, CAMERAS, DVRS, ALARMS, CLOTHING, ETC. FOR INTERNATIONAL RESELL AND EXPORT.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NOLVIA RODRIGUEZ, PRESIDENT Name and Title: _____
Address: 2606 SAM ROAD Address: _____
JACKSONVILLE, FL 32216 _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: NOLVIA RODRIGUEZ
Address: 2606 SAM ROAD
JACKSONVILLE, FL 32216

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NOLVIA RODRIGUEZ
Address: 2606 SAM ROAD
JACKSONVILLE, FL 32216

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TALLAHASSEE, FLORIDA
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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

Nolvía Rodríguez (Nolvía Rodríguez)
Required Signature/Registered Agent

11/23/10
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Nolvía Rodríguez (Nolvía Rodríguez)
Required Signature/Incorporator

11/23/10
Date