

P110000043577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

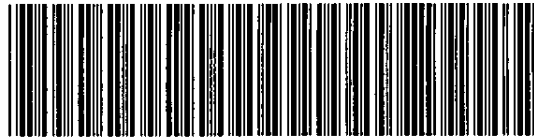
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900205228519

05/06/11--01001--013 **78.75

RECEIVED

11 MAY -5 PM 4:22

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

11 MAY -5 PM 4:32

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

17

COVER LETTER

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

SUBJECT: Skyline Transit 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: Celia Cuyler
Name (Printed or typed)
228 Lovelace Dr. Apt 16
Address
Tallahassee, FL 32304
City, State & Zip
850 - 559 - 4737
Daytime Telephone number
C-h-210 @ yahoo.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)

FILED

ARTICLE I NAME

The name of the corporation shall be: Skyline Transit INC.

11 MAY -5 PM 4:32

ARTICLE II PRINCIPAL OFFICE

Principal street address
916 S Lipona Rd
Tallahassee, FL
32304

Mailing address, if different is: DEPT OF STATE
TALLAHASSEE, FL 32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Transportation

ARTICLE IV SHARES

The number of shares of stock is: 20

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Celia Cuyler; Director
Address: 208 Lovelace Dr. Apt. 110
Tallahassee, FL 32304

Name and Title: Jessica Knox; officer
Address: 1922 Crosby Ct. Apt. B
Tallahassee, FL 32304

Name and Title: Jamie Moore; Director
Address: 1922 Crosby Ct. Apt. B
Tallahassee, FL 32304

Name and Title: _____
Address: _____

Name and Title: Jaharis Smith; officer
Address: 6505 Texas St. Apt. 101
Tallahassee, FL 32301

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Celia Cuyler; director
Address: 208 Lovelace Dr. Apt. 110
Tallahassee, FL 32304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jamie Moore; director
Address: 1922 Crosby Ct. Apt. B
Tallahassee, FL 32304

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

Celia Cuyler

Required Signature/Registered Agent

5-5-2011
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.

Jamie Moore

Required Signature/Incorporator

5-5-2011
Date