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| PICK-UP WAIT MAIL | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

FILED

11 AUG - 1 AM 8: 00

SECRETARY OF STATE TALLAHASSEE FLORIDA

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| | Office Use Only | |
| ORPORATION NAME(S) & DOCU | MENT NUMBER(S), (if known): | |
| SKUM COM | BORATION | |
| (Corporation Name) | (Document #) | , |
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| (Corporation Name) | (Document #) | |
| Walk in Pick up time | 2 as Certified Copy | |
| ☐ Mail out ☐ Will wait | Photocopy Certificate of Status | |
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| NEW FILINGS | <u>AMENDMENTS</u> | , . |
| Profit | Amendment CD + OCT D | |
| Not for Profit Limited Liability | Resignation of R.A., Officer/Director Change of Registered Agent | |
| Domestication | Dissolution/Withdrawal | |
| Other | ☐ Merger | |
| OTHER FILINGS | REGISTRATION/QUALIFICATION | |
| Annual Report | ☐ Foreign | |
| Fictitious Name | Limited Partnership | |
| | Reinstatement | |
| | Trademark Other | |
| | | |
| | Examiner's Initials | |

CR2E031(7/97)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| ARTICLE I The name of the corp | VAME SKYM CORPORATION shall be: | N | |
|--------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------|
| ARTICLE II F | PRINCIPAL OFFICE | | |
| <u>85</u> | Principal <u>street</u> address 95 SW 152ND AVE # 256 AMI, FL 33193 | Ma | iling address, if different is: |
| ARTICLE III P | IDBOCE | | 20 3 1 |
| | ch the corporation is organized is: | | ECRETARY OF |
| The number of shares | | | STATE STATE |
| | NITIAL OFFICERS AND/OR DIRECTO | | |
| Address: | 8595 SW 152ND AVE # 256 MIAMI, FL 33193 | Name and Title: Address: | |
| Name and Title | e: | | |
| Address: | | Address: | |
| Name and Title Address: | 2; | Name and Title:Address: | |
| ADTICI E UI D | EGISTERED AGENT | | |
| | da street address (P.O. Box NOT acceptable) o | of the registered agent is | 5: |
| Name: Address: | LUIS A. CARRUITERO 8595 SW 152ND # 256 MIAMI, FL 33193 | _ | |
| ARTICLE VII | NCORPORATOR | | |
| | ess of the Incorporator is: | | |
| Name: | LUIS A CARRUITERO | | |
| Address: | 8595 SW 152ND # 256 MIAMI, FL 33193 | _ | |
| Having been named this certificate, I am | as registered agent to accept service of proces familiar with and accept the appointment as re | ss for the above stated gistered agent and agr | corporation at the place designated in ee to act in this capacity |
| | Juintle / | | 07/29/11 |
| | Required Signature/Registered Agent | | Date |
| I submit this docum document to the Dep | ent and affirm that the facts stated herein are artment of State constitutes a third degree felor | e true. I am aware the ny as provided for in s. | at the false information submitted in a 817.155, F.S. |
| | Like) | | 07/20/11 |
| • | Required Signature/Incorporator | | 07/29/11 Date |