

P110000070806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

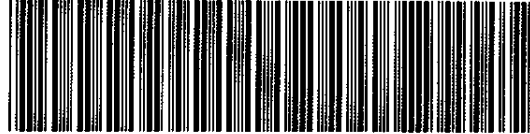
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
8/8

COVER LETTER

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

SUBJECT: Skyjul, 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: MariaElena Lozano

Name (Printed or typed)

6260 SW 19 Street

Address

MIAMI, FL 33155

City, State & Zip

786-877-9144

Daytime Telephone number

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:

Skyjul, Inc.

ARTICLE II PRINCIPAL OFFICE

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

6260 SW 19 Street
Miami, Florida 33155

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To transact any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is:

One hundred shares of par value common stock at one dollar par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MariaElena Lozano, President
6260 SW 19 Street
Miami, Florida 33155

ARTICLE VI REGISTERED AGENT

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

MariaElena Lozano
6260 SW 19 Street
Miami, Florida 33155

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MariaElena Lozano
6260 SW 19 Street
Miami, Florida 33155

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



Signature/Registered Agent

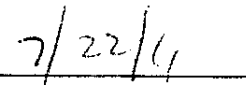


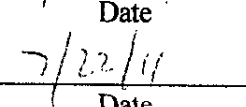
Signature/Incorporator

FILED

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**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



Date


Date