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DIVISION OF CORPORATIONS

P3/13/12

COVER LETTER

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

SUBJECT: Skinnyfly Skiffs Inc.		
(PROPOSED CORPORAT	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	d a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL C	OPY REQUIRED
FROM: Tony Bozzella	(Printed or typed)	.
Name	(Printed or typed)	
1060 Cactus Cut Rd	Address	
Middleburg Florida 3206	8 State & Zip	
904 651 0182 Daytime Te	elephone number	
bozzella@aol.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

MS.

	In compliance with Chapter 607 ar	nd/or Chapter 621, F.S.	SECRETARY OF	STATE
ARTICLE I	NAME Skinnyfly Skiffs Inc.		DIVISION OF CORF	'ORATI
			12 MAR -9 AM	111:2
ARTICLE II	PRINCIPAL OFFICE Principal street address 1060 Cactus Cut Rd Middleburg, Fl. 32068		iling address, if different is:	
ARTICLE III	PURPOSE			
The purpose for	r which the corporation is organized is: al purpose / Boat Building			
ARTICLE IV	SHARES shares of stock is:10,000			
		.p.c		
	INITIAL OFFICERS AND/OR DIRECTO Title: Tony Bozzella President		am Gilk / Co Owner	
Address:	1060 Cactus Cut Rd	Address: 31	997 County Rd	
	Middleburg, Fl. 32068	Al	997 County Rd bany, Mn 31997	
Name and	Title: Arlon Gilk Vice President	Name and Title:		
Address:	31997 County Rd	Address:		
	31997 County Rd Albany, Mn 56307			
Name and	Title:Dan Gilk Treasurer			
Address:	31997 County Rd	Address:		
	Albany, Mn 56307			
ARTICLE VI				
	Florida street address (P.O. Box NOT acceptable)	of the registered agent is	:	
Name:	Tony Bozzella			
Address:	1060 Cactus Cut Rd			
	Middleburg, Fl. 32068			
ARTICLE VII	<u>INCORPORATOR</u>			
	address of the Incorporator is:			
Name:	Tony Bozzella			
Address:	1060 Cactus Cut Rd Middlrburg, Fl. 32068			
	amed as registered agent to accept service of proce			nated i
this certificate, l	am familiar with and accept the appointment as re	egistered agent and agre	ee to act in this capacity	
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			6 Macs 2	01
	Required Signature/Registered Agent		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.

Required Signature/Incorporator