

P12000047236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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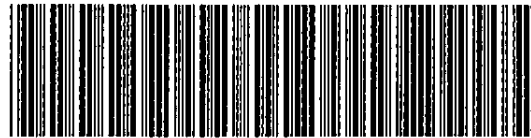
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/21/12--01023--001 **70.00

FILED
12 MAY 21 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
5/22/12

COVER LETTER

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

SUBJECT: SKYLAR 12, 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: STANFORD ZERMAN

Name (Printed or typed)

5464 ENCLAVE CROSSING WAY, APT. T4

Address

DELRAY BEACH, FL 33484

City, State & Zip

248-802-6520

Daytime Telephone number

STANZERMAN@EARTHLINK.NET

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)

ARTICLE I NAME SKYLAR 12, INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
5464 ENCLAVE CROSSING WAY
APT T4
DELRAY BEACH, FL 33484

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
INVESTMENTS

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: STANFORD ZERMAN, PRESIDENT
Address: 5464 ENCLAVE CROSSING WAY
APT T4
DELRAY BEACH, FL 33484

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: STANFORD ZERMAN
Address: 5464 ENCLAVE CROSSING WAY
DELRAY BEACH, FL 33484

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: STANFORD ZERMAN
Address: 5464 ENCLAVE CROSSING WAY
DELRAY BEACH, FL 33484

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

Stanford Zerman
Required Signature/Registered Agent

5/18/2012
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.

Stanford Zerman
Required Signature/Incorporator

5/18/2012
Date

FILED
12 MAY 21 AM 11:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE