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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : CSH SERVICES, LLC
Account Number : I20070000160
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
SKYLIGHT EVENTS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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TALLAHASSEE, FLORIDA

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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:

SKYLIGHT EVENTS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

320 NE 12 AVE # 502
HALLANDALE, FL 33009

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is/are:

PRESIDENT
GIDEON KRIEGSFELD
320 NE 12 AVE # 502
HALLANDALE, FL 33009

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PAGE 2 SKYLIGHT EVENTS, INC.

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

GIDEON KRIEGSFELD
320 NE 12 AVE # 502
HALLANDALE, FL 33009

ARTICLE VII INCORPORATOR

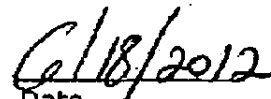
The name and Florida street address of the incorporator is:

GIDEON KRIEGSFELD
320 NE 12 AVE # 502
HALLANDALE, FL 33009

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TALLAHASSEE, FL 32399

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.


GIDEON KRIEGSFELD / Registered Agent


Date


GIDEON KRIEGSFELD / Incorporator


Date

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