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COVER LETTER

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

SUBJECT: STEVEN AND VERONICA SKOPP 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: STEVEN SKOPP
Name (Printed or typed)

933 HARBORVIEW N
Address

HOLLYWOOD FL 33023
City, State & Zip

954 673 5958
Daytime Telephone number

STEVE060298 @ 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

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

ARTICLE I NAME

The name of the corporation shall be: STEVEN AND VERONICA SKOPP INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3803 HALLANDALE BEACH BLVD
WEST PARK, FL 33023

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: INSURANCE AGENCY

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: STEVEN SKOPP / PRESIDENT
Address: 933 NARBORVIEW N
HOLLYWOOD FL 33019

Name and Title: VERONICA SKOPP / VICE PRESIDENT
Address: 1425 ARTHUR ST
#507K
HOLLYWOOD FL 33019

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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(conti.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

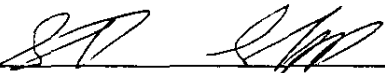
Name: STEVEN SKOPP
Address: 933 HARBORVIEW N
HOLLYWOOD FL 33019

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:


Name: STEVEN SKOPP
Address: 933 HARBORVIEW N
HOLLYWOOD FL 33019

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


Required Signature/Registered Agent

6/30/13
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

6/30/13
Date

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