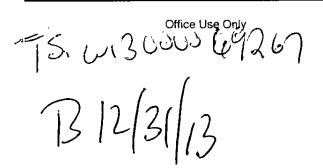
## P13000102232

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·





100253549441

12/18/13--01021--002 \*\*87.50

SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

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

Effective date
for Company start:s

UBJECT: UNI	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
4		<b>4</b>	
nclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation an	d a check for:
	∜ <b>□</b> \$78.75	\$78.75	\$87.50
<b>□</b> \$70.00	<b>□</b> N/O./ )		
□ \$70.00 Filing Fee		• • • • • • • • • • • • • • • • • • •	Filing Fee.
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy
	Filing Fee	Filing Fee	Filing Fee, Yes
	Filing Fee	Filing Fee	Filing Fee, Certified Copy

71.	Mr. Manuel A. Alonso IV
	Name (Printed or typed)
8	3270 NW 24th St.
	Address
C	Coral Springs, FL 33065
_	City, State & Zip
9	17-560-1349
	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)

	tion shall be: UNDER GOD 5 Si	KY Services, Inc.		
	NCIPAL OFFICE Principal street address S SKY Services, Inc.	Mailing address, if different is: UNDER GOD'S SKY Services, Inc.		
8270 NW 24th St.		P.O. Box 770892		
Coral Springs	, FL 33065	Coral Springs,	FL 33077	
The purpose for which t	POSE he corporation is organized is:  Gemnet, Plan Reading & Estim			— ng,
Life & Propert	y Protection Consulting, P	roject Management,		
Event Planning	g & Management. Outdoor 8	Survival Goods Dea	ler/Consulta	nt.
ARTICLE IV SHA The number of shares of	e: January 1st, 2014  NRES stock is: 100  NIAL OFFICERS AND/OR DIRECTOR		13 DEC 30	SECRETARY DIVISION OF CO
Name and Title	:Manuel A. Alonso IV - Pres.	Name and Title:		꽃유
Address	8270 NW 24th St.	Address:	Ċ.	– ≘ ທ
		Address.	<b></b>	ORATIO
	Coral Springs, FL 33065	Address.	27	ORATIONS
Name and Title	Coral Springs, FL 33065		27	STATE ORATIONS
Name and Title Address		Name and Title:	27	

Name and	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
The name and Fl	orida street address (P.O. Box NOT acceptable) of Manuel A. Alonso IV - Pres.	f the registered agent is:
Name:		-
Address:	8270 NW 24th St.	-
	Coral Springs, FL 33065	· -
ARTICLE VII	<u>INCORPORATOR</u>	
The name and ad	dress of the Incorporator is:	
Name:	Manuel A. Alonso IV - Pres.	
Address:	8270 NW 24th St.	
	Coral Springs, FL 33065	-
	ned as registered agent to accept service of process am familiar with and accept the appointment as reg	1 2/ -
	Provided Signature/Designand Agent	12/28/13
I ankanis shia dan	Required Signature/Registered Agent	Date
document to the	ument and affirm that me facts stated herein are Department of Sidie constitutes a third degree felon	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.
	Required Signature/Incorporator	12 8 13 Date
		13 DEC 3