P14000016432

(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	•••
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COVER LETTER

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

SUBJECT: Skir	nner, Inc.		
Sebuce1	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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 o Status
,		ADDITIONAL CO	
FROM: M	arney Skinner	e (Printed or typed)	
61	116 Manchester	Place	
		Address	
N	aples, FL 34110-		
	City,	State & Zip	
23	39-248-8080		
	Daytime T	elephone number	
<u>m</u>	arney.skinner@yah		
	E-mai: address: (to be use	d for future annual report	nounication)

NOTE: Please provide the original and one copy of the articles.



February 7, 2014

MARNEY SKINNER 6116 MANCHESTER PLACE NAPLES, FL 34110-2410

SUBJECT: SKINNER, INC. Ref. Number: W14000008346

We have received your document for SKINNER, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 014A00002890

www.sunbiz.org

cohen&grigsby a culture of performance

Lorna J. Scharlacken Direct Dial: 239-444-1815 lscharlacken@cohenlaw.com Fax: 239-390-1901

February 19, 2014

Via Fedex – Overnight Mail Tracking No. 7979 6367 0997

Maryanne Dickey Division of Corporations Clewiston Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Skinner, Inc.

Dear Ms. Dickey:

Pursuant to a telephone conversation on February 18, 2014 with Ms. Valerie Herring, we understand that there is a similar name on file for Skinner, Inc. We are not concerned about the similarity and ask the Division of Corporations to expedite the filing so as to not cause further delay to our client and her corporate formation.

Please let me know should you have any question regarding this matter.

Thank you.

Sincerely,

COHEN & GRIGSBY, P.C.

Derna J. Scharlacken

Director

LJS:mlm Enclosure

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

	Skinner, Inc.			Jan 1, ag Lington Lington	14	
	Principal street address	N	Mailing addre	ss, if different i	is:	•:
116 Manches	ster Place			10 m	50	74.
aples, FL 34	110-2410				PH	ئىيەد
		· · · · · · · · · · · · · · · · · · ·			<u> </u>	-
					<u></u>	
TICLE III PURE	POSE ne corporation is organized is:	lawful pur	pose.	Dr-		
- F						
RTICLE IV SHA	<u> </u>					
RTICLE IV SHA e number of shares of	<u>IRES</u> stock is: 1,000					
RTICLE V INIT	TIAL OFFICERS AND/OR DIRECTOR					
RTICLE V INIT	rial officers and/or director Marney Skinner, President		:			
RTICLE V INIT	Marney Skinner, President		·			
Name and Title	Marney Skinner, President 6166 Manchester Place	Name and Title: Address:				
Name and Title	Marney Skinner, President	Name and Title: Address:				
Name and Title	Marney Skinner, President 6166 Manchester Place	Name and Title: Address:				
Name and Title Address	Marney Skinner, President 6166 Manchester Place Naples, FL 34110-2410	Name and Title: Address:				
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Name and Title Address Name and Title Address	Marney Skinner, President 6166 Manchester Place Naples, FL 34110-2410	Name and Title: Address: Name and Title: Address: Name and Title:				

Name ar	d Title:	Name and Title:
Address	S	Address:
•		
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Lorna J. Scharlacken	
Address:	Mercato-Suite 6200, 9110 Strada Place	
	Naples, FL 34108-2938	
ARTICLE VII	INCORPORATOR	B 20
The name and a	ddress of the Incorporator is:	The state of the s
Name:	Marney Skinner	STA 4:
Address:	6116 Manchester Place	
	Naples, FL 34110-2410	
	med as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated corporation at the place designated in stered agent and agree to act in this capacity
1000		1/30/2014
1	Required Signature/Registered Agent	Date
	sument and aff irm that the jacts stated herein ure t Department of State constitutes a third degree felony	rue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.
Mary	Der Skurner	1/30/2014
	Required Signature/Incorporator	Date