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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten signature* 06/30/14

## COVER LETTER

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

SUBJECT: **SKYY SITE CORPORATION**

(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: **JOHN R. ACERBO**

Name (Printed or typed)

**13451 BINGLEWOOD AVE.**

Address

**SEMINOLE, FL. 33776**

City, State & Zip

**727-647-0425**

Daytime Telephone number

**JRACERBOLLC@GMAIL.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: **SKYY SITE CORPORATION**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**13451 BINGLEWOOD AVENUE**  
**SEMINOLE, FL. 33776**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ANY AND ALL LAWFUL BUSINESS.**

**ARTICLE IV SHARES**  
The number of shares of stock is: **1000 SHARES @ \$.01 PAR**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **Title: P** Name and Title: \_\_\_\_\_

Address: **JOHN R ACERBO** Address: \_\_\_\_\_  
**13451 BINGLEWOOD AVE.**  
**SEMINOLE, FL. 33776**

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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: JOHN R ACERBO

Address: 13451 BINGLEWOOD AVE.  
SEMINOLE, FL. 33776

**ARTICLE VII INCORPORATOR**

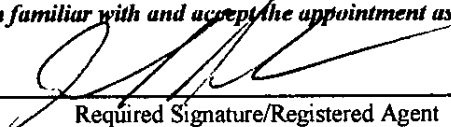
The **name and address** of the Incorporator is:

Name: JOHN R ACERBO

Address: 13451 BINGLEWOOD AVE.  
SEMINOLE, FL. 33776

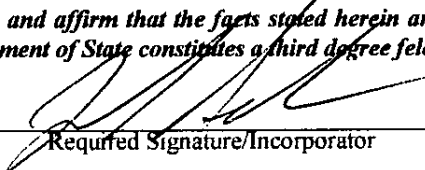
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TALLAHASSEE, FLORIDA

*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

6/24/14  
\_\_\_\_\_  
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

6/24/14  
\_\_\_\_\_  
Date