

P14000060847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

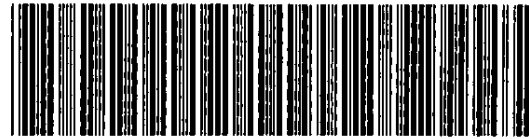
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300262366843

07/17/14--01011--018 **87.50

FILED

14 JUL 17 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/18/14

COVER LETTER

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

SUBJECT: **SKWeston Solutions Co.**

(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: **Stiles Weston**

Name (Printed or typed)

11166 Grand Winthrop Ave

Address

Riverview, FL 33578

City, State & Zip

813-506-0912

Daytime Telephone number

skweston@mac.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUL 17 PM 12:52

FILED

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)

FILED

ARTICLE I NAME
The name of the corporation shall be: SKWeston Solutions Co.

14 JUL 17 PM 12:52

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11166 Grand Winthrop Ave
Riverview, FL 33578

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: provide personal and professional
administrative solutions.

ARTICLE IV SHARES 10
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Katrina Weston, President
Address: 11166 Grand Winthrop Ave
Riverview, FL 33578

Name and Title: Stiles Weston, Vice President
Address: 11166 Grand Winthrop Ave
Riverview, FL 33578

Name and Title: _____ Address: _____
Address: _____

Name and Title: _____ Address: _____
Address: _____

(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: Stiles Weston
Address: 11166 Grand Winthrop Ave
Riverview, FL 33578

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Stiles Weston
Address: 11166 Grand Winthrop Ave
Riverview, FL 33578

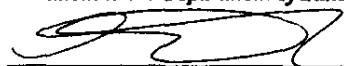
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

7/13/14
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

7/13/14
Date

FILED
14 JUL 17 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA