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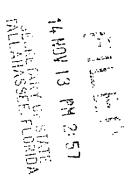
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use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



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I Have NO intension on Neinstating The Admistrative Dissalve Skyrs Construction Inc. Document # P13000101250

Thank you

COVER LETTER

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

SUBJECT:	Kyvs Const	nction IX	<u>-</u>	
	(PROPOSED CORPO	RATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)	
Enclosed are an orig	rinal and one (1) copy of the	articles of incorporation and	l a check for:	
\$3.000 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 CO		
FROM:	Angie Sallan	The (Printed or typed)		
5911 SW 195th Tenace				
		Address		
SW RANCHES Fl 33332- City, State & Zip				
	0-1	Hoo-let Zle Telephone number		
	Skyconstru E-mailladdress: (to be i	charabellsnot used for future annual report	L. Net	

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)

The name of the corporation	on shall be: Skyys	Construction	on INC
P	CIPAL OFFICE Principal street address	,	Mailing address, if different is:
	ches Fl 3333		
ARTICLE III PURP The purpose for which the	OSE e corporation is organized is:	Construc	tion
<u> </u>			
			
			3 3
			ASSET PH 2:
ARTICLE IV SHAI The number of shares of st			ORIDA ORIDA
ARTICLE V INITI	LAL OFFICERS AND/OR D	IRECTORS (P(ZS)	Title Veith Leslie (VP)
Address	5911 SW 1950	Text Address:	Title: Veith Leslie (VP) 5911 SW 1954 Ten
	SW Planches		SW Rarches F1 3333.
Name and Title:_		Name and	Title:
Address		Address:	
-			
Name and Title:_		Name and	Title:
Address		Address:	
•			

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NO)	Γ acceptable) of the registered agent is:
Name: Argie Salkey Address: 5911 Sw 1954	70 T
Address: 5911 SW 1957 SW Ranches F	1 3333>
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	2:57 FLURIDA
Name: Address:	
	rvice of process for the above stated corporation at the place designated in ointment as registered agent and agree to act in this capacity
Angle S	ered Agent Date
· \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ered Agent
Required Signature/Incom Angre San	rporator ///// // Date /// Date