

P14000092869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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11/13/14--01003--014 **70.00

14 NOV 13 PM 2:57
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2014 Nov 13

11/17/14

11/10/2014

I Have no intention on Reinstating
the Administrative Dissolve
Skypys Construction Inc.
Document # P13000101250

Thank you


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14 NOV 13 PM 2:57
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Skys Construction Inc
(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: Angie Sallan
Name (Printed or typed)

5911 SW 195th Terrace
Address

SW Ranches FL 33332
City, State & Zip

(954) 260-6126
Daytime Telephone number

Skysconstruction@bellsouth.net
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: Skyys Construction INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5911 SW 195th Terrace
SW Ranches FL 33332

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Construction

ARTICLE IV SHARES

The number of shares of stock is: 100

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Angie Salky ^(Pres)</u>	Name and Title:	<u>Keith Leslie (VP)</u>
Address	<u>5911 SW 195th Terr</u>	Address:	<u>5911 SW 195th Terr</u>
	<u>SW Ranches FL 33332</u>		<u>SW Ranches FL 33332</u>

Name and Title:	_____	Name and Title:	_____
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Address	_____	Address:	_____
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Name and Title:	_____	Name and Title:	_____
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Address	_____	Address:	_____
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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: Angie Salkey

Address: 5911 SW 195th Terrace
SW Ranches FL 33332

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STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____

Address: _____

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

Angie Salkey Leslie
Required Signature/Registered Agent

11/10/2014
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.

Angie Salkey Leslie
Required Signature/Incorporator

11/10/2014
Date