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Florida Department of State
Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
SK OFF FLORIDA 7, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	$78.75

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819974

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 27, 2015

CORP USA

SUBJECT: SK OFF FLORIDA 7, INC.
REF: W15000005692

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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COVER LETTER

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

SUBJECT: SK OFF FLORIDA 7, 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: RUBEN M. KUSNIER
Name (Printed or typed)

20807 BISCAYNE BLVD. SUITE 104
Address

AVENTURA, FL 33180
City, State & Zip

3059877240
Daytime Telephone number

lavand@grgcpa.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: SK OFF FLORIDA 7, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

20807 BISCAYNE BLVD. SUITE 104
AVENTURA, FL 33180

Mailing address, if different is:

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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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RUBEN M. KUSNIER, PREDIDENT
Address: 20807 BISCAYNE BLVD. SUITE 104
AVENTURA, FL 33180

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

(cont.)

15 JAN 26 PM 2:06

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: MARK GERSTLE

Address: 2630 NE 203 ST. STE 104
AVENTURA, FL 33180

MARK GERSTLE
2630 NE 203 ST.
SUITE 104
AVENTURA, FL 33180

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RUBEN M. KUSNIER

Address: 20807 Biscayne Blvd Ste 104
AVENTURA, FL 33180

RUBEN M. KUSNIER
20807 BISCAYNE BLVD.
SUITE 104
AVENTURA, FL 33180

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

_____ 1/23/15
Required Signature/Registered Agent 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.

_____ 1/25/15
Required Signature/Incorporator Date

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