

PI5000024185

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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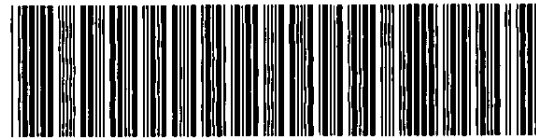
(Business Entity Name)

(Document Number)

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**DATE: 3/12/15**

**NAME: SKYROAD INTERNATIONAL, INC.**

**TYPE OF FILING: ARTICLES**

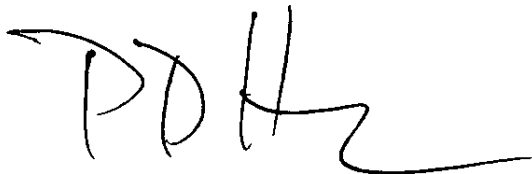
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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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15 MAR 12 AM 8:23  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Skyroad International, 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: Capitol Services - Corporate Filings Team

Name (Printed or typed)

800 Brazos Ste 400

Address

Austin TX 78701

City, State & Zip

(800) 345-4647

Daytime Telephone number

**regagent@capitolservices.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: Skyroad International, Inc.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

200 South 10th Street

Suite 1600

Richmond, VA 23219

Mailing address, if different is:

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: any lawful purpose allowable under the  
Florida Business Corporation Act

**ARTICLE IV SHARES**  
The number of shares of stock is: 1,000

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

Name and Title: Georges Kande, Presiden/Secretary/Director

Address: Rue Du Te, Batiment 3442  
93290 Tremblay En France  
France

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

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

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

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

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

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

(cont.)

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: Capitol Corporate Services, Inc.  
Address: 155 Office Plaza Dr., Ste. A  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Eliot Norman  
Address: 200 South 10th Street, Ste. 1600  
Richmond, VA 23219

*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*

Knta Ali Required Signature/Registered Agent Knta Ali, Asst. Sec 03/12/2015 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.*

Eliot Norman Required Signature/Incorporator March 11/2015 Date