## P15000051766

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	<del>;</del> #)
PICK-UP	WAIT	MÁIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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May 15, 2015

JESSICA GONZALEZ 1017 SW 12TH AVE MIAMI, FL 33130

SUBJECT: SKYLINE PERMITTING & CONSULTING, INC.

Ref. Number: W15000034802

We have received your document for SKYLINE PERMITTING & CONSULTING, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 915A00010304

## COVER LETTER

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

SUBJECT: Skyline Permitting & Consulting, 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 □ \$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

WI:	Gonzalez  Name (Printed or typed)	
1017 S\	N 12th Ave	
	Address	
Miami F	L 33130	
	City, State & Zip	
305-204	1-7724	
	Daytime Telephone number	
SkylinePe	ermitting@gmail.com	

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 NAT The name of the corpora	ME Skyline Permitting	& Consul	ting, Inc.		
	INCIPAL OFFICE Principal street address		Mailing address, if different is:	:	
Miami FL 331	30			<del></del>	,
	PPOSE the corporation is organized is: Skyline struction permitting and co			wil	l be
				15 JUN 1	
ARTICLE IV SHA				15 VM 10: 21	3
	Michael Mandado/ CEO	S Name and Title	Ninochka Fulguiero/ P	'resi	dent
Address	1017 SW 12th Ave Miami FL 33130	Address:	2745 W 60th PI Apt 204		
	WHIGHT L 33130		Hialeah FL 3301	6	<del></del>
Name and Title:	Elsa Rivero/ Vice President	Name and Title	:		
Address	9920 NW 44th Ter  Doral FL 33178	Address:			
	Dolari E 33170				
Name and Title:		Name and Title	:		
Address		Address:			

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Name and	i Title:	Name and Title:	
Address			
Address		Addicss.	
			<del></del>
ARTICLE VI	REGISTERED AGENT		
The name and Flo	orida street address (P.O. Box NOT accepta	ble) of the registered agent is:	
Name:	Michael Mandado		
Address:	1017 SW 12th Ave		
	Miami FL 33130	<del></del>	
		<del></del>	
ARTICLE VII	INCORPORATOR		
	January of the Incomposition in		
The name and ad	aress of the incorporator is:		
•	Michael Mandado		
Name:			
•	Michael Mandado 1017 SW 12th Ave		
Name:	Michael Mandado		
Name: Address:	Michael Mandado 1017 SW 12th Ave Miami FL 33130	process for the above stated corporation at	the place design
Name: Address:  Having been namthis certificate, I a	Michael Mandado 1017 SW 12th Ave	process for the above stated corporation at as registered agent and agree to act in this	the place design s capacity
Name: Address:  Having been namthis certificate, I a	Michael Mandado  1017 SW 12th Ave  Miami FL 33130  The dead as registered agent to accept service of part familiar with and accept the appointment	as registered agent and agree to act in this	the place design s capacity 23/2015
Name: Address:  Having been namthis certificate, I a	Michael Mandado  1017 SW 12th Ave  Miami FL 33130  The dead as registered agent to accept service of part familiar with and accept the appointment	as registered agent and agree to act in this	s capacity
Name: Address:  Having been nam this certificate, I a	Michael Mandado  1017 SW 12th Ave  Miami FL 33130  med as registered agent to accept service of property for the appointment of the sequired Signature/Registered Agent Agent Mandado	as registered agent and agree to act in this  4/2	23/2015 Date
Name: Address:  Having been name this certificate, I all all all all all all all all all a	Michael Mandado  1017 SW 12th Ave  Miami FL 33130  The description of the service of part of the appointment of the service o	as registered agent and agree to act in this  4/2  at  in are true. I am aware that the false info	23/2015 Date