

P15000066914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

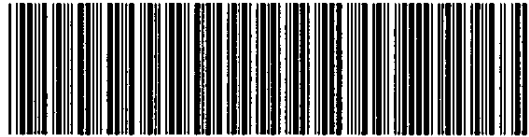
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W115-49108

Office Use Only



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07/14/15--01015--013 **78.75

APPROVAL
AND
FILED

15 AUG -5 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/15

COVER LETTER

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

SUBJECT: Skyline Recruiting Solutions 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: Randal L Bryan

Name (Printed or typed)

13854 Devan Le Dr E

Address

Jacksonville, FL 32226

City, State & Zip

904-881-9799

Daytime Telephone number

randybryan@comcast.net

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 22, 2015

RANDAL L BRYAN
13854 DEVAN LE DR E
JACSONVILLE, FL 32226

SUBJECT: SKYLINE RECRUITING SOLUTIONS INC
Ref. Number: W15000049108

We have received your document for SKYLINE RECRUITING SOLUTIONS INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 215A00015354

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AND
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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: Skyline Recruiting Solutions Inc

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

13854 Devan Lee Dr E Jacksonville, FL 32226

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Employment Recruiting

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Randal Lee Bryan: President

Name and Title: Kevin Thomas Pound: Vice President

Address: 13854 Devan Lee Dr E
Jacksonville, FL 32226

Address: 2848 Madrid Ave
Jacksonville, FL 32217

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

APPROVED
AND
FILED

Name and Title: _____ Name and Title: 15 AUG -5 AM 9:54

Address _____ Address: SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Randal Lee Bryan
Address: 13854 Devan Lee Dr E
Jacksonville, FL 32226

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Randal Lee Bryan
Address: 13854 Devan Lee Dr E
Jacksonville, FL 32226

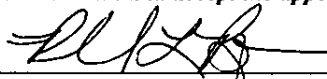
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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



Required Signature/Registered Agent

7/29/15

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.



Required Signature/Incorporator

7/29/15

Date