P16000100344

(Req	uestor's Name)					
(Add	ress)					
(Add	ress)					
(City	/State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bus	iness Entity Nar	me)				
(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions to Filing Officer:						
		ľ				

Office Use Only



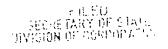
300293442613

SCORCIARY OF SAVINGSON OF SCAPE AND SECOND S



DEC 23 2016 C LEWIS CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : COST LIMIT : \$ 70.00 ORDER DATE: December 22, 2016 ORDER TIME: 12:57 PM ORDER NO. : 434787-010 CUSTOMER NO: 7501230 DOMESTIC FILING BEST WAY TOOLS, INC. NAME: EFFECTIVE DATE: XX ARTICLES OF INCORPORATION ____ CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Melissa Zender - EXT.

EXAMINER'S INITIALS:



2016 DEC 22 AM 9: 15

CONSENT FOR USE OF CORPORATE NAME

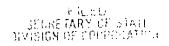
The undersigned, SKYO INDUSTRIES, formerly known as Best Way Tools, Inc.,

Florida Document Number P15000063383, hereby consents to the filing of a new Florida For
Profit Corporation utilizing the name Best Way Tools, Inc.

Executed this 22nd day of December, 2016.

SKYO INDUSTRIES, INC., f/k/a BEST WAY TOOLS, INC.

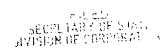
Candon R Burnett, Secr



ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

2016 DEC 22 AM 9: 15

e name of the corporal			
Sunshine Blvd.	<u>IPAL OFFICE</u> Principal <u>street</u> address	1	Mailing address, if different is
mond Beach, FL 321	74		
ETICLE III PURPO e purpose for which the	ALL organized is:	LAWFUL BUSINESS	
TICLE IV SHAR	2S 1000		
e number of shares of	stock is:		. P/D
e number of shares of	L OFFICERS AND/OR DIRECTO. Warren Anderson 2 Sunshine Blvd.		. P/D
e number of shares of ETICLE V INITIA Name and Title	L OFFICERS AND/OR DIRECTO	Name and Title	
e number of shares of ETICLE V INITIA Name and Title	L OFFICERS AND/OR DIRECTO. Warren Anderson 2 Sunshine Blvd. Ormond Beach, FL 32174	Name and Title	
e number of shares of ETICLE V INITIA Name and Title Address	L OFFICERS AND/OR DIRECTO. Warren Anderson 2 Sunshine Blvd. Ormond Beach, FL 32174	Name and Title: Address:	
e number of shares of ETICLE V INITIA Name and Title Address Name and Title:	L OFFICERS AND/OR DIRECTO Warren Anderson 2 Sunshine Blvd. Ormond Beach, FL 32174 Wayne Anderson	Name and Title: Address: Name and Title:	
e number of shares of ETICLE V INITIA Name and Title Address Name and Title:	L OFFICERS AND/OR DIRECTO Warren Anderson 2 Sunshine Blvd. Ormond Beach, FL 32174 Wayne Anderson 2 Sunshine Blvd. Ormond Beach, FL 32174	Name and Title: Address: Name and Title:	VP/D
e number of shares of ETICLE V INITIA Name and Title Address Name and Title: Address	L OFFICERS AND/OR DIRECTO Warren Anderson 2 Sunshine Blvd. Ormond Beach, FL 32174 Wayne Anderson 2 Sunshine Blvd. Ormond Beach, FL 32174	Name and Title: Address: Name and Title: Address: Address:	VP/D



Name a	and Title	Random R. Burnett	Name and Title:	2016 DEC 22 AM 9: 16
Addre	ess	825 Ballough Road, Ste. 410	Address:	
		Daytona Beach, FL 32114-2265		_
	Florida s	TERED AGENT street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	Ran	dom R. Burnett		
Address:	825	Ballough Road, Ste. 410		
	Dayt	tona Beach, FL 32114-2265		
ARTICLE VII	INCOL	<u>RPORATOR</u>		
The name and a	address o	of the Incorporator is:		
Name:	Ra	andom R. Burnett		
Address:		825 Ballough Road, Ste. 410		
	<u></u>	Daytona Beach, FL 32114-2265		
	fother th	ECTIVE DATE: nan the date of filing: isted, the date must be specific and can	. (OPTIONA mot be more than five days	
Note: If the dat	te inserte effective	d in this block does not meet the applicate date on the Department of State's record	ole statutory filing requirements.	ents, this date will not be listed as
Having been na this certificate /	unfest as s	registered agent to accept service of proc iliar with and accept the appointment as	ess for the above stated corp registered agent and agree to	poration at the place designated in o act in this capacity
		11991		12/22/16
		Required Signature Registered Agent		Date
I submit this do document to the	Departy	and affirm that the facts stated herein a nent of State constitutes a third degree fe	re true. I am aware that the lony as provided for in s.817.	e false information submitted in a .155, F.S.
TT//	///	1/1995		12/2216
/ Kedu	iirAd Ridi	nature/I scorno/ater		Date