

P17000069570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

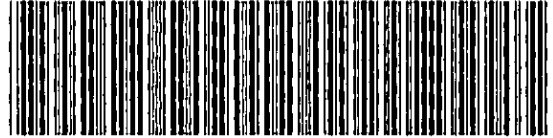
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/17/17--01020--025 **70.00

17 AUG 17 AM 9:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

08/18/17

COVER LETTER

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

SUBJECT: Sky Windows Installation Corp.

(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: Rafael Benevides

Name (Printed or typed)

23288 SW 57th Avenue, #104

Address

Boca Raton, FL 33428

City, State & Zip

561-455-6294

Daytime Telephone number

fb.rafael@hotmail.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 Sky Windows Installation Corp.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address: 23288 SW 57th Avenue, #104
Boca Raton, FL 33428
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: And and all lawful business.

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Rafael Benevides, President	Name and Title:	_____
Address	23288 SW 57th Avenue, #104	Address:	_____
	Boca Raton, FL 33428		_____

Name and Title:	Eduardo J. Monteiro dos Santos, VP, T, S	Name and Title:	_____
Address	3411 Pear Tree Circle	Address:	_____
	Lauderhill, FL 33319		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

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: Rafael Benevides
 Address: 23288 SW 57th Avenue, #104
Boca Raton, FL 33428

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 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Rafael Benevides
 Address: 23288 SW 57th Avenue, #104
Boca Raton, FL 33428

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 days prior or 90 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

RHB
 Required Signature/Registered Agent

08/14/2017
 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.

RHB
 Required Signature/Incorporator

08/14/2017
 Date

