Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION **6SKILLZ CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

N. SAMS

FEB 1 6 2018

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:	<u>:-</u> .	18
65kille Corp	VID-	1843
ARTICLE II PRINCIPAL OFFICE:	<u> </u>	- บ ~บ
The principal street address and mailing address is: $\frac{18701 \text{ N.W } 30^{\text{C}}}{}$	ું કે દિવામાં ત	PII S: JZ
Miami, GARDENS FL	, <u>;</u> .	• -
33056	- -	
ARTICLE III SHARES: The number of shares of stock is: / O	··	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:		
Rannell Hall (PRESIDEN		
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRE		
The name and Florida street address (PO Box not acceptable) of the registered ag-	SS: entis	
RANNELL HALL	4.11	
18701 NW 30 CT		
MIAMI GARDENS FL 3305	_ 5]6	
ARTICLE VI INCORPORATOR: The remains 1.12		
ARTICLE VI INCORPORATOR: The name and address of the Incorporate	or is:	
18701 NW 30 CT		
MIAMIGARDERS FL 33	_ 505	5

Required Signatures:

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

Registered Agent Z/15/18
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.

2/15/18