

P19000078491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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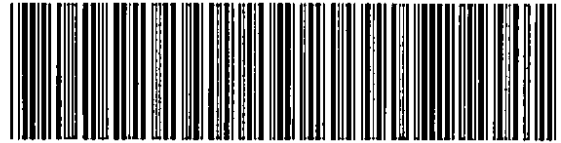
(Business Entity Name)

(Document Number)

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19 OCT 18 PM 2:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: Skiles Solutions Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
Skiles Solutions, Inc.
89 MAIN STREET
Apalachicola, FL
32329

Mailing address, if different is:
Skiles Solutions Inc.
P.O. Box 463
Apalachicola, FL
32320

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO MANUFACTURE, ASSEMBLE
AND INSTALL THE SKILES Locking System, S.L.
PATENT # 14145937 . ALSO TO CONTINUE
RESEARCH AND DEVELOPMENT OF OTHER INNOVATIVE
PRODUCTS THAT ARE PRESENTLY IN THE drawing,
development AND PROTOTYPES STAGES. ALL produ
will be MARKETING UNDER THE SKILES Solutions In
Company.

ARTICLE IV SHARES

The number of shares of stock is: 10 million

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brisbin M Skiles ^{CEO} Name and Title: _____

Address 89 MAIN ST. Address: _____
P.O. Box 463
Apalachicola, FL
32320

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Brisbin M. Skiles

Address: 89 MAIN STREET

APALACHACOLA, FL
32329

ARTICLE VII INCORPORATOR

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

Name: Brisbin M. Skiles

Address: 89 MAIN STREET

P.O. Box 463,
APALACHACOLA, FL 32320

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: OCT 7th, 2019 (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

Brisbin M. Skiles

Required Signature/Registered Agent

OCT 7th, 2019
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.

Brisbin M. Skiles
Required Signature/Incorporator

OCT 7th 2019
Date

COVER LETTER

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

SUBJECT: Skiles 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: Brisbin Skiles
Name (Printed or typed)

89 Main Street
Address

Apalachicola, Florida 32329
City, State & Zip

850. 890. 2799
Daytime Telephone number

skilesbrisbin@yahoo.com
E-mail address: (to be used for future annual report notification)

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