

**P2000001755**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : DGRIS ACCOUNTING & TAX SERVICE CORP  
Account Number : I20190000104  
Phone : (305)480-0269  
Fax Number : (305)480-0518

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

Email Address: mawall56@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**SKY CONSULTANTS CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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FLORIDA

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**COVER LETTER**

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

**SUBJECT: SKY CONSULTANTS 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50 Filing Fee  
Filing Fee,  
& Certified Copy      Certified Copy  
                                 & Certificate of  
                                 Status  
**ADDITIONAL COPY REQUIRED**

**FROM: DORIS ACCOUNTING & TAX SERVICE CORP**

Name (Printed or typed)

709 SW 106 AVENUE

Address

MIAMI, FLORIDA 33174

City, State & Zip

305 323 4581

Daytime Telephone number

TAXES@DORISTAXES.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**

The name of the corporation shall be: SKY CONSULTANTS CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2421 CENTER GATE DR UNIT 105  
MIRAMAR, FL 33025

Mailing address, if different is:

320 S FLAMINGO UNIT 286  
PEMBROKE PINES, FL 33027

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 5000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MARCOS WALLNER PRESIDENT Name and Title: AGUSTIN E. SOMOANO BERMIEYO V-P  
2421 CENTER GATE DR UNIT 105 2421 CENTER GATE DR UNIT 105

Address: MIRAMAR, FL 33025 Address: MIRAMAR, FL 33025

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:

ALEXIS LAMADRID

Name:

1267 S PINE ISLAND RD

Address:

PLANTATION, FL 33324

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

ALEXIS LAMADRID

Name:

1267 S PINE ISLAND RD

Address:

PLANTATION, FL 33324

**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.*

X Alexis Lamadrid

Alexis Lamadrid

2/26/2020

\_\_\_\_\_  
Required Signature/Registered Agent

\_\_\_\_\_  
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.*

2/26/2020

Alexis Lamadrid

\_\_\_\_\_  
Required Signature/Incorporator

\_\_\_\_\_  
Date

FILED  
2020 FEB 27 AM 8:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA