P200000 83630

(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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2020 OCT 26 AM 11:21

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2020 OCT 27 PM 3:45

COVER LETTER

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

SUBJECT: ~~SKIA Dive Tours~~ Electrical Handy man
(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: Darrell Watson
Name (Printed or typed)

42 MacGavin Ln
Address

Crawfortvill Fla 32327
City, State & Zip

1-832-465-4388
Daytime Telephone number

None
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: SKUA DCI INK

ARTICLE II PRINCIPAL OFFICE

Principal street address
42 MOSS GAVIN LN
CRAWFORDVILL FLA 32327

Mailing address, if different is:
42 MOSS GAVIN LN
CRAWFORDVILL FLA
32327

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Electrical - Fans - Lights Rec Plug - Switches

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ARTICLE IV SHARES
The number of shares of stock is: 7

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Darrell Watson (P)
Address 42 MOSS GAVIN LN
CRAWFORDVILL FLA 32327

Name and Title: ~~SKUA DCI INK~~
Address: ~~42 MOSS GAVIN LN~~
~~CRAWFORDVILL FLA 32327~~

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
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: Darrell Watson

Address: 42 Moss Gulch Dr
Crawfordville Fla 32327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Darrell Watson

Address: 42 Moss Gulch Dr
Crawfordville Fla 32327

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

Darrell Watson — Required Signature/Registered Agent — Date: 10-26-2020

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.

Darrell Watson — Required Signature/Incorporator — Date: 10-26-2020