Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	FRY HOWINEL	: (954)842-2	۵۵۵			
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COVER LETTER

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

SUBJECT:	SKILL DREAM, INC.				
	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed are an ori	ginal and one (1) copy of the a	rticles of incorporation and	a check for:		
 	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Cortified Copy & Certificate of Status		
		ADDITIONAL CO	PY REQUIRED		
FROM:	VALENTINA OVLIIAKULYEVA Nan 251 174TH ST, APT 1711	A (Printed or typed) Address			
	SUNNY ISLES BEACH, FL 33 Cíij	s160 7, State & Zip			
	(305)335-8801 Daytime	Telephone number			
_	SKILLDREAM2021@YAH0 E-mail address: (to be use	OO.COM ed for future annual report n	otification)		

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)

TICLE 1 NAME name of the corpora	: tion shall be: SKILL DREAM, INC.			
TICLE II PRINC	CIPAL OFFICE Principal street address	Mailing address, i	f different is:	
251 174TH ST, APT 1711		251 174TH ST, APT 1711		
SUNNY ISLES BE	EACH, FL 33160	SUNNY ISLES BEACH, FL 33160		
TICLE III PURPO	 -	OOMIT! IOLES BEAC	71, 1 L 33 100	
	he corporation is organized is:ANY AN	ND ALL LAWFUL BUSINESS	-· . <u></u> -	
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ICI,E IV SHARE	ES		· 	
number of shares of s	stock is: 100	- 		
TOLE V INTELA	L OFFICERS AND/OR DIRECTORS		7	
	OVLIIAKULYEVA, VALENTINA - P	Manager 1 Titles		
	A			
Address		Address:		
	SUNNY ISLES BEACH, FL 33160			
	 -			
Name and Title		Name and With		
			., .,	
Address	,	_ Address:		
		-		

Name and Title		Al Lyes		
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Address		Address:	<u>. </u>	
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Name ar	nd Title;	Name and Title:
Addres	s	Address:
APTICLE VI	REGISTERED AGENT	
The name and F	lorida street address (P.O. Box NOT acceptable) o	of the registered agent is:
Name:	OVLIIAKULYEVA, VALENTINA	_
Address:	251 174TH ST, APT 1711	
	SUNNY ISLES BEACH, FL 33160	_
4 PT (C) E 1/11	<u>INCORPORATOR</u>	2021
	idness of the incorporator is:	2021 FEB 15
Name:	OVLIIAKULYEVA, VALENTINA	200
Address:	251 174TH ST, APT 1711	
	SUNNY ISLES BEACH, FL 33160	- - - -
ARTICLE VIII	EFFECTIVE DATE: other than the date of filing:	
(If an effective d	late is listed, the date must be specific and cann	ot be more than five days prior or 90 days after the
Note: If the date the document's c	inserted in this block does not meet the applicable ffective date on the Department of State's records.	e statutory filing requirements, this date will not be listed as
Having been nan certificate, I am f	ned as registered agent to accept service of process j amiliar with and accept the appointment as registe	for the above stated corporation at the place designated in this red agent and agree to act in this capacity
	Valentina Ovliiakulyeva	02/15/2021
	Required Signature/Registered Agent	Date
I submit this doc document to the I	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a sy us provided for in s.817.155, F.S.
	Valentina Ovliiakulyeva	02/15/2021
Required Signatu	re/Incorporator	Date