P21000083895

(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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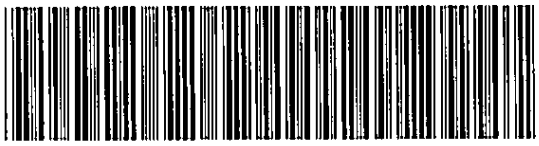

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SECRETARY OF STATE
TALLAHASSEE, FL

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 Meadows RV Mobile Service and More, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

7029 NW CR 233
STARKE FL 32091

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For Any and ALL Lawful Business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Meadows, Wade, P

Address: 7029 NW CR 233
STARKE FL 32091

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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TALLAHASSEE, FL

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: Wade A Meadows, SR

Address: 7029 NW CR 233

Starke, FL 32091

ARTICLE VII INCORPORATOR

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

Name: Wade A Meadows, SR

Address: 7029 NW CR 233

Starke FL 32091

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/01/2021 (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

Wade A Meadows SR

Required Signature/Registered Agent

9/23/2021

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.

Wade A Meadows SR

Required Signature/Incorporator

Date 9/23/2021

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TALLAHASSEE, FL