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COVER LETTER

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

SUBJECT:	SKD Consulting, Inc.		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an o	riginal and one (1) copy of the ar	ticles of incorporation and	I a check for:
□ \$70.00 Filing Fee	— • · · · · · ·	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate o Status
		ADDITIONAL CO	T REQUIRED
FROM: ^{<u>f</u>}	Aaron R. Resnick, Esq.	e (Printed or typed)	
	100 N. Biscayne Blvd, Suite 1		
		Address	
	Miami, Florida 33132		
City, State & Zip			
	(305) 672-7495		
_	Daytime 1	Celephone number	· · · · · · · · · · · · · · · · · · ·
_	aresnick@thefirmmiami.co E-mail address: (to be use	m	Territor N
	is-mail address: (to be use	a for future annual report n	outication)

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

CORPORATE ACCESS, ____

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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	PICK	UP:	MISTY 11/7	_	
	CERTIFIED COPY				
XX	РНОТОСОРУ				
	CUS				
XX	FILING	INC			
1.	SKD CONSULTING, INC				
2.	(CORPORATE NAME AND DOCUME	ENT#)			
3.	(CORPORATE NAME AND DOCUME	ENT #)			
	(CORPORATE NAME AND DOCUME	ENT#)			
4.	(CORPORATE NAME AND DOCUME	ENT #)			-
5.	(CORPORATE NAME AND DOCUME	ENT #)			
6.	(CORPORATE NAME AND DOCUME	ENT #)			
SPECIAI INSTRU	L CTIONS:		<u> </u>		
		 -		<u></u>	

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corners	tion shall be: SKD Consulting, Inc				
ARTICLE II PRINC			Mailing address, if different is:		
<u>Unit 2201</u>					
Miami, Florida 33137					
ARTICLE III PURPO	OSE he corporation is organized is: to engage in	any lawful act or activity f	or which corporatios may be organize	zed and	
to exercuse powers grant	red under the laws of the United States of Amer	ica and the State of Florid	a		
				2 VOIS1 110 1 JAUGS	
		Name and Title:		- 1	
Address	600 NE 27th Street	Address:	· · · · · · · · · · · · · · · · · · ·		
	Unit 2201		· · · · · · · · · · · · · · · · · · ·	·	
	Miami, Florida 33137			ř.	
Name and Title:		Name and Title:			
Address		4.4.4			
Address		Address:			
					
Name and Title:	<u> </u>	Name and Title:			
Address					
	-				
					

Name	and Title:	Name and Title:	
Addr	ess	Address:	
	REGISTERED AGENT Florida street address (P.O. Box NOT accep	table) of the registered example:	
Name:	Srijani Kirti-Dunham	datie) of the registered agent is.	r. 7
Address:	600 NE 27 Street, Unit 2201		
	Mıami, Florida 33137		1 1 1 1 m
ARTICLE VII	I INCORPORATOR		د ا د این
The name and	address of the Incorporator is:		5 4
Name:	Srijani Kirti-Dunham		
Address:	600 NE 27 Street, Unit 2201		
	Miami, Florida 33137	·	
Effective date,	II EFFECTIVE DATE: if other than the date of filing: e date is listed, the date must be specific an	(OPTIONAL)	ior or 90 days after the
filing.)	e date is fisted, the date must be specific an	a cannot be more than live days pr	for or 90 days after the
	ate inserted in this block does not meet the ap s effective date on the Department of State's r		this date will not be listed as
Having been n certificate, I an	amed as registered agent to accept service of p n familiar with and accept the appointment as	rocess for the above stated corporation registered agent and agree to act in th	n at the place designated in this his capacity
Snjau	ni kirti-Dunlam Required Signature/Registered Ag		11/3/2022
V	Required Signature/Registered Ag	ent	Date
I submit this d	locument and affirm that the facts stated her te Department of State constitutes a third degre	ein are true. I am aware that the fai	se information submitted in a F.S.
Snja	ani kirti-Dunliam		11/3/2022
Required Signa	ature/Incorporator	Dat	е