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Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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(((H23000220268 3)))



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

Email Address: crinm@advocatetax.com

FLORIDA PROFIT/NON PROFIT CORPORATION
Skyward Holdings, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
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COVER LETTER

((H23000220268 3))

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

SUBJECT: Skyward Holdings, Inc.
(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: Erin Meyer Name (Printed or typed)
3555 Kraft Road, STE 240 Address
Naples, FL 34105 City, State & Zip
(239) 213-0066 Daytime Telephone number
erinm@advocatetax.com E-mail address: (to be used for future annual report notification)

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

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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: Skyward Holdings, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 7095 Tamworth Parkway, Sarasota, FL, 34241

Mailing address, if different is: 7095 Tamworth Parkway, Sarasota, FL, 34241

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Juan Grobler, P. VP, S. Director
Address: 5601 Bridge Street, Suite 30, Fort Worth, TX, 76112

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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STATE OF FLORIDA

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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: Juan Grobler

Address: 7095 Tamworth Parkway

Sarasota, FL 34241

ARTICLE VII INCORPORATOR

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

Name: Juan Grobler

Address: 7095 Tamworth Parkway

Sarasota, FL 34241

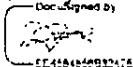
ARTICLE VIII EFFECTIVE DATE:

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

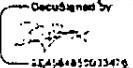
DocuSigned by

18134256350

6/20/2023

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.

DocuSigned by

18134256350

6/20/2023

Required Signature/Incorporator

Date

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