P24000013671

Florida Department of State
Division of Corporations
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Division of Corporations
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Account Name : FILE RIGHT LLC
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TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION
SKYLINE CAPITAL NETWORK INC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$70.00

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COVER LETTER

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

SUBJECT: SKYLINE CAPITAL NETWORK 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: FILE RIGHT LLC
Name (Printed or typed)

5314 16TH AVE, SUITE 139
Address

BROOKLYN, NY 11204
City, State & Zip

718-878-5811
Daytime Telephone number

sales@fileacorp.com
E-mail address: (to be used for future annual report notification)

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 SKYLINE CAPITAL NETWORK INC

ARTICLE II PRINCIPAL OFFICE

Principal **street** address	Mailing address, if different is
16850 COLLINS AVE SUITE #112152	16850 COLLINS AVE SUITE #112152
SUNNY ISLES BEACH, FL 33160	SUNNY ISLES BEACH, FL 33160

ARTICLE III PURPOSE

The purpose for which the corporation is organized is ANY LAWFUL PURPOSE

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: AUTHENTIC HOLDINGS CORP, OFFICER
Address: 16850 COLLINS AVE SUITE #112152
SUNNY ISLES BEACH, FL 33160

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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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: FILE RIGHT RA SERVICES LLC

Address: 625 E TWIGGS ST, STE 110

TAMPA, FL 33602

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: MARK FUCHS

Address: 1425 37TH STREET, SUITE 201

BROOKLYN, NY 11218

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.

/s/ Mark Fuchs — 02/19/2024

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.

/s/ Mark Fuchs — 02/19/2024

Required Signature/Incorporator — Date