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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : USACORP INC.
Account Number : 120130000019
Phone : (718)362-4789
Fax Number : (718)408-2550

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

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ELECTRONIC FILING SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION
SKY BLUE CONSULTANTS INC.**

Certificate of Status	0
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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: SKY BLUE CONSULTANTS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1120 NW 55th St

Fort Lauderdale, FL 33309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consultant

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maria Celeste, President

Name and Title:

Address

1120 NW 55th St

Address:

Fort Lauderdale, FL 33309

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

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: Maria Celeste
Address: 1120 NW 55th St
Fort Lauderdale, FL 33309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maria Celeste
Address: 1120 NW 55th St
Fort Lauderdale, FL 33309

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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 business days prior or 90 business 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/ Maria Celeste

05/23/2024

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/ Maria Celeste

05/23/2024

Required Signature/Incorporator

Date

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