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8.22.24

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : DMG FINANCIAL SERVICES INC
Account Number : I20230000151
Phone : (305)595-2407
Fax Number : (305)595-2408

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
ORANGE SKYLINE INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

24 AUG 22 PM 7:15

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

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

SUBJECT: Orange Skyline 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: MARIA E RUIZ
Name (Printed or typed)
7750 SW 117TH AVE SUITE 203
Address
MIAMI, FLORIDA 33183
City, State & Zip
305 595-2407
Daytime Telephone number
MARIAQUIROS9@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

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

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:

Orange Skyline IncARTICLE II PRINCIPAL OFFICEPrincipal street address2531 SE 29TH STREETHOMESTEAD, FLORIDA 33034

Mailing address, if different is:

7750 SW 117TH UNIT 203MIAMI, FLORIDA 33183ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LEGAL PURPOSESARTICLE IV SHARES

The number of shares of stock is:

100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: INGRID L. ALVAREZ PRADA, PRES

Address:

2531 SE 29TH STREETHOMESTEAD, FLORIDA 33034

Name and Title:

MIGUEL A JARAMILLO RESTREP, VP

Address:

2531 SE 29TH STREETHOMESTEAD, FLORIDA 33034

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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: INGRID L. ALVAREZ PRADA
Address: 2531 SE 29TH STREET
HOMESTEAD, FLORIDA 33034

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: INGRID L. ALVAREZ PRADA
Address: 2531 SE 29TH STREET
HOMESTEAD, FLORIDA 33034

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 08/24/2024 (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

X Ingrid L. Alvarez Prada
Required Signature/Registered Agent

8/22/2024
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.

X Ingrid L. Alvarez Prada
Required Signature/Incorporator

Date 8/22/2024

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DIVISION OF CORPORATE OPERATIONS
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