

P240000054148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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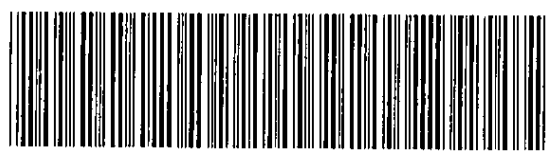
(Business Entity Name)

(Document Number)

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JANUARY 1, 1994

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Pie in the Sky Machining Inc

Please Debit FCA000000003 For: 70

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

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COVER LETTER

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

SUBJECT: Pie in the Sky Machining 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

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FROM: Joseph Katta

Name (Printed or typed)

West Palm Beach, FL 33401

Address

Wellington St, Florida, 1335

City, State & Zip

772-971-3317

Daytime Telephone number

jkatta@gmail.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: Pie in the Sky Machining Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

Mailing address, if different is:

1335 Wellington St

West Palm Beach, FL 33401

1335 Wellington St

West Palm Beach, FL 33401

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all legal business matters

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joseph Katta- President and Secretary

Name and Title: _____

Address 1335 Wellington St

Address: _____

West Palm Beach, FL 33401

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

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: Joseph Katta-Registered Agent

Address: 1335 Wellington St

West Palm Beach, FL 33401

ARTICLE VII INCORPORATOR

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

Name: Joseph Katta

Address: 1335 Wellington St

West Palm Beach, FL 33401

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:



Required Signature/Registered Agent

8/23/2024

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.

DocuSigned by:



Required Signature/Incorporator

8/23/2024

Date

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DEPARTMENT OF STATE
CORPORATION SERVICES