

P240000065171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

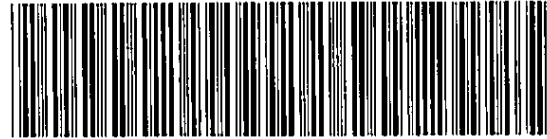
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STATE
TALLAHASSEE, FLORIDA

2024 OCT 22 AM 11:01

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COVER LETTER

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

SUBJECT: SKYLINE GADSDEN 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: MOHAMD HAIFA
Name (Printed or typed)
7052 SAWLEY LANE
Address
TALLAHASSEE, FL 32317
City, State & Zip
850-345-3837
Daytime Telephone number
MUHAMMADHAIFA@YAHOO.COM
E-mail address: (to be used for future annual report notification)

2024 OCT 12 11:24:17

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: SKYLINE GADSDEN INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2754 W TENNESSEE ST
TALLAHASSEE, FL 32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROFIT

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	MOHAMAD HAIFA, PRESIDENT	Name and Title:	ALMUTASEMBELLAH JUBRAN, VICE PRESIDENT
Address	7052 SAWLEY LANE	Address:	3028 BIDHURST CT
	TALLAHASSEE, FL 32317		TALLAHASSEE, FL 32317

Name and Title:	MOHAMMED ABDALNABI, TREASURER	Name and Title:	SOBJEE ABDELHADE, SECRETARY
Address	150 HOGUE LANDING LANE	Address:	1318 PREAKNESS POINT
	QUINCY, FL 32351		TALLAHASSEE, FL 32308

Name and Title:		Name and Title:	
Address		Address:	

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: MOHAMAD HAIFA
Address: 7052 SAWLEY LANE
TALLAHASSEE, FL 32317

ARTICLE VII INCORPORATOR

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

Name: MOHAMAD HAIFA
Address: 7052 SAWLEY LANE
TALLAHASSEE, FL 32317

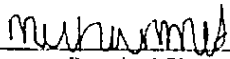
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL.)

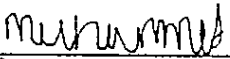
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 10/21/2024
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.

 10/21/2024
Required Signature/Incorporator Date