

P97000035911

TRANSMITTAL LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 APR 21 PM 1:31

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

7000002150997--4
-04/22/97--01071--017
*****70.00 *****70.00

SUBJECT: SKILLCRAFTERS INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Gene Seewald
Name (Printed or typed)

RT 2. Box 166
Address

Perry FL 32347
City, State & Zip

(904) 578-2334
Daytime Telephone number

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

D. BROWN APR 22 1997

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

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ARTICLE I NAME

The name of the corporation shall be:

SKILLCRAFTERS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

RT. 2 Box 166 MARINA Rd.

Perry FL 32347

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Gene Seewald

RT 2 Box 166 MARINA Rd.

Perry FL 32347

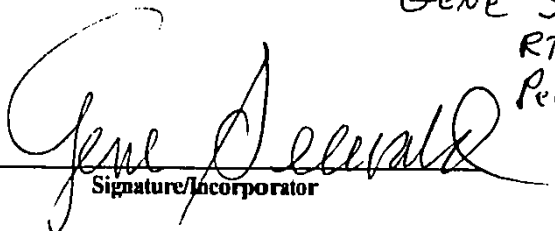
ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Gene Seewald

RT 2 Box 166

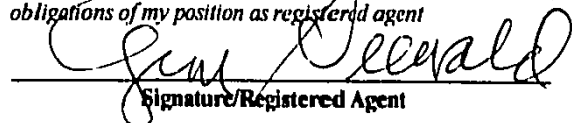
Perry FL 32347

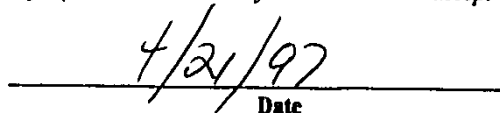

Signature/Incorporator


Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent


Signature/Registered Agent


Date