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TRANSMITTAL LETTER
FILED

99 JAN 13 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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-01/15/99--01002--019
*****78.75 *****78.75

SUBJECT: Skyrider Enterprises, 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: John E. Stamps CPA
Name (Printed or typed)

1937 Grace Avenue
Address

Fort Myers, FL 33901
City, State & Zip

941-275-9997
Daytime Telephone number

P. Hall
JAN 13 1999
(2)

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

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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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Skyrider Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

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

424 SE 32nd Street, Cape Coral, FL 33904

ARTICLE III SHARES

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

One Thousand (1,000)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

**John E. Stamps CPA
1937 Grace Avenue, Fort Myers, FL 33901**

ARTICLE V INCORPORATOR

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

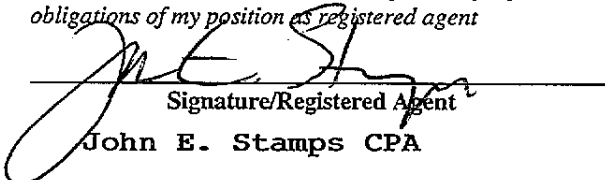
**Michael B. Boltjes
424 SE 32nd Street, Cape Coral, FL 33904**


Signature/Incorporator
Michael B. Boltjes

1/7/99
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
John E. Stamps CPA

1.7.99
Date