## 799-000033627

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

Tallahassee, FL 32314 \*\*\*\*\*70.00 \*\*\*\*\*70.00 SUBJECT: Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$70.00 □ \$78.75 \$87.50 \$78.75 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED KJ ASSOCIATES, INC. 1784 OtISCO Way WINTER SPRINGS FL 32/ City, State & Zip

<u>Sharon</u>

APR 1 3 1999

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

407- 359-8363

Daytime Telephone number

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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.	- -
ARTICLE I NAME	
The name of the corporation shall be:	
SKJ associATES, INCORPORATED	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of this corporation shall be:  1784 Otisco Way  WINTER SPRINGS FL- 32708	·
WINTER SPRINGS FL 32708	
ARTICLE III SHARES	
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:	
200 Shares Common	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent and	
The name and Florida street address of the initial registered agent are:	
James Gould	
WINTER SRINGS FL 32708	===
ARTICLE V INCORPORATOR	
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:	
James Gould	
1784 Otisco Way	a. 
NINTER SPRINGS FL 32708	<u>=</u>
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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  obligations of my position as registered agent	
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Signature/Registered Agent Date	
/ Date	
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