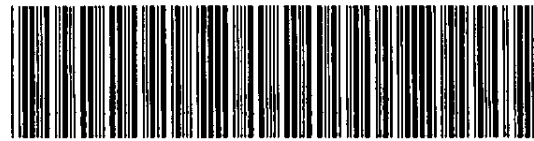


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STATE OF MISSISSIPPI  
ALL MISSISSIPPI COUNTY

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

T. BURCH  
APR 5 2017

**COVER LETTER**

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

**SUBJECT: Shadow Management Limited, Inc**

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

**FEES:**

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

**OPTIONAL:**

Certificate of Status	\$ 8.75
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**Estefania Grandio**

Name (printed or typed)

**100 North Federal Hwy - Apt. 817**

Address

**Fort Lauderdale, FL 33301**

City, State & Zip

**(954) 579-4340**

Daytime Telephone Number

**estefaniagrandio@yahoo.com**

E-mail address: (to be used for future annual report notification)

**CERTIFICATE OF DOMESTICATION**

The undersigned, Estefania Grandio, President  
(Name) (Title)

of Shadow Management Limited, Inc a foreign corporation  
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

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STATE OF FLORIDA  
TALLAHASSEE

1. The date on which corporation was first formed was January 14th, 2011
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was British Virgin Islands
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Shadow Management Limited
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Shadow Management Limited, Inc
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was British Virgin Islands
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President, of Shadow Management Limited

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 22 day of March, 2017

*Grandio*  
(Authorized Signature)

<b>Filing Fee:</b>	
<b>Certificate of Domestication</b>	<b>\$ 50.00</b>
<b>Articles of Incorporation and Certified Copy</b>	<b>\$ 78.75</b>
<b>Total to domesticate and file</b>	<b>\$128.75</b>

**ARTICLES OF INCORPORATION**  
*IN COMPLIANCE WITH CHAPTER 607, F.S.*

**ARTICLE I NAME**

*THE NAME OF THE CORPORATION SHALL BE:*

Shadow Management Limited, Inc

**ARTICLE II PRINCIPAL OFFICE**

*THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:*

Principal Address

Mailing Address

100 North Federal Hwy.-Apt 817

Fort Lauderdale, FL 33301

**ARTICLE III PURPOSE**

*THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:*

Any and all lawful business

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**ARTICLE IV SHARES**

THE NUMBER OF SHARES OF STOCK IS: 50,000.00

**ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS**

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

Estefania Grandio-President

100 North Federal Hwy.-Apt 817

Fort Lauderdale, FL 33301

Title/Name

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Title/Name

Title/Name

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Title/Name

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Title/Name

Title/Name

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**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT IS:

Estefania Grandio  
100 North Federal Hwy.-Apt 817  
Fort Lauderdale, FL 33301

**ARTICLE VII INCORPORATOR**

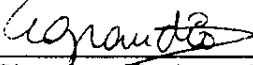
THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

Estefania Grandio  
100 North Federal Hwy.-Apt 817  
Fort Lauderdale, FL 33301

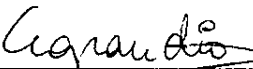
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TALLAHASSEE, FLORIDA

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**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 AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.**

  
Signature/Registered Agent

03/22/2017  
Date

  
Signature/Incorporator

03/22/2017  
Date