

P 170000375604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

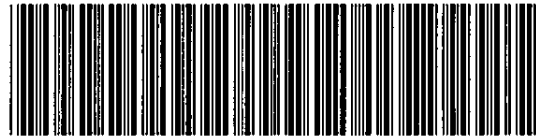
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE

17 APR 25 AM 11:29

C. GOLDEN

APR 26 2017



1000 Ponce de Leon Blvd. Suite: 105  
 Coral Gables, FL 33134  
 Phone: 305-444-4994  
 Email: filing@ecsfiling.com

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**CORPORATION NAME(S) & DOCUMENT NUMBERS(S):**

1. Tamac Group Inc.  
 (CORPORATE NAME) (DOCUMENT #)

2. \_\_\_\_\_  
 (CORPORATE NAME) (DOCUMENT #)

3. \_\_\_\_\_  
 (CORPORATE NAME) (DOCUMENT #)

*July 1st*

Walk-In  Pick up time: \_\_\_\_\_  Certified Copy  Certificate Of Status

New Filings	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input checked="" type="checkbox"/>	<i>Venezuela.</i>
<input type="checkbox"/>	Other:

Examiners Initials

*please add another certified copy apostilled*

**COVER LETTER**

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

**SUBJECT:** Tamac Group 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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**LAURA KOHN**

Name (printed or typed)

**2100 SALZEDO STREET, SUITE 300**

Address

**CORAL GABLES, FL 33134**

City, State & Zip

**(305) 444-6226 x 233**

Daytime Telephone Number

**Laura@aragoza.com**

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

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**TALLAHASSEE, FLORIDA**

**CERTIFICATE OF DOMESTICATION**

The undersigned, Alberto Campari Knoepffler, President/Director,  
(Name) (Title)

of Tamac Group Inc. a foreign corporation,  
(Corporation Name)

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

1. The date on which corporation was first formed was October 28, 2009.
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 Tamac Group Inc.
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 Tamac Group 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 the President/Director, of Tamac Group Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 21 day of April, 2017.

AC Knoepffler  
(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>

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 TALLAHASSEE, FLORIDA

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

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**ARTICLE I NAME**

*THE NAME OF THE CORPORATION SHALL BE:*

\_\_\_\_\_  
Tamac Group Inc.

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TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

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

Principal Address

Mailing Address

5035 Hammock Lake Drive

5035 Hammock Lake Drive

\_\_\_\_\_  
Coral Gables, FL 33156

\_\_\_\_\_  
Coral Gables, FL 33156

**ARTICLE III PURPOSE**

*THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:*

The corporation may engage in any activity or business permitted  
\_\_\_\_\_  
under the laws of the United States and of the State of Florida.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

THE NUMBER OF SHARES OF STOCK IS: 50,000 shares of common stock, par value \$1.00 per share.

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

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

Title/Name

President/Director: Alberto Campari Knoepffler

c/o 5035 Hammock Lake Drive

Coral Gables, FL 33156

Title/Name

Secretary/Director: Amalia Knoepffler Alban

c/o 5035 Hammock Lake Drive

Coral Gables, FL 33156

Title/Name

Director: Margarita Knoepffler Dilley

c/o 5035 Hammock Lake Drive

Coral Gables, FL 33156

Title/Name

Director: Alejandro Jose Knoepffler

c/o 5035 Hammock Lake Drive

Coral Gables, FL 33156

Title/Name

Director: Maria Carmen Knoepffler

c/o 5035 Hammock Lake Drive

Coral Gables, FL 33156

Title/Name

Title/Name

Title/Name

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

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

ARAZOZA & FERNANDEZ-FRAGA P.A.  
2100 SALZEDO STREET, SUITE 300  
CORAL GABLES FL 33134

**ARTICLE VII INCORPORATOR**

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Alberto Campari Knoepffler  
c/o 5035 Hammock Lake Drive  
Coral Gables, FL 33156

\*\*\*\*\*

**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.**

April 21, 2017

Date

Signature/Registered Agent

April 21, 2017

Date

Signature/Incorporator

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TALLAHASSEE, FLORIDA