# P19000006955

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

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

SUBJECT: Certificate of Domestication

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

Sorvive Technologies, Inc.

Name (printed or typed)

1242 SW Pine Island RD #42251

Address

Cape Coral, FL 33991

City, State & Zip

(239) 673-7770

Daytime Telephone Number

bsmurray@sorvive.com

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

# CERTIFICATE OF DOMESTICATION

The undersigned, Larry A. Galaviz	President/CFO
(Name)	(Title)
$_{ m of}$ Sorvive Technologies, Inc	a foreign corporation,
(Corporation Name) in accordance with s. 607.1801, Florida Statut	<del></del>
1. The date on which corporation was first fo	med was May 22
-	orporation was first formed, incorporated, or otherwise ounty of Gwinnett, State of Georgia
3. The name of the corporation immediately was Sorvive Technologies, Inc	prior to the filing of this Certificate of Domestication
4. The name of the corporation, as set forth is s. 607.0202 and 607.0401 with this certific	n its articles of incorporation, to be filed pursuant to tate is Sorvive Technologies, Inc
-	
<ol> <li>Attached are Florida articles of incorporati to s. 607.1801.</li> </ol>	on to complete the domestication requirements pursuant
I am President/CEO , of Sorvive Tec	hnologies, Inc.
	omestication on behalf of the corporation and have done
so this the 14 day of JANUARY	. 2019
(Auth	orized Signature)  Filing Fee:
Certificate of Domestica	tion \$ 50.00 🚉 🌣
Articles of Incorporation  Total to domesticate and	and Certified Copy 9 70.75 Sept.: Po

# **ARTICLES OF INCORPORATION**

IN COMPLIANCE WITH CHAPTER 607, F.S.

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THE NAME OF THE CORPORATION SHALL BE:

Sorvive Technologies, Inc.

#### ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS: Principal Address

Mailing Address

2504 NW 3rd Place

Cape Coral, FL 33993

1242 SW Pine Island Road

#42251

Cape Coral, FL 33991

# ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Sorvive Technologies is organized as a service agency to provide customers with the ability to exchange business documents and other busines-to-business information electronically.

Technologies used in the performance of client/customer requirements include EDI, direct exchange, and interpretive exchange of transactions and information for the benefit of exchanging information electronically in a computer-to-computer environment.

ARTICLE V INITIAL DIRECTORS AND/O THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:	
Title/Name	Title/Name
Larry A. Galaviz (Pres/CEO)	Barbara S. Galaviz (Sec/CFO)
2504 NW 3rd Place	2504 NW 3rd Place
Cape Coral, FL 33993	Cape Coral, FL 33993
Title/Name	Title/Name
Title/Name	Title/Name
Title/Name	Title/Name

ARTICLE IV SHARES
THE NUMBER OF SHARES OF STOCK IS: 100

# ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Larry A. Galaviz (Pres/CEO)
2504 NW 3rd Place
Cape Coral, FL 33993

## ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Larry A. Galaviz (Pres/CEO)

2504 NW 3rd Place

Cape Coral, FL 33993

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

Signature/Incorporator

Date

Date

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