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19 MAY -1 PM 12:31
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Pierce Surgical Consolidated Inc. Florida Domesticating

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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Name (printed or typed)

Address

City, State & Zip

Daytime Telephone Number

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

CERTIFICATE OF DOMESTICATION

The undersigned Jim Pierce (Name) CEO (Title)

of Pierce Surgical Consolidated Inc. (Corporation Name) a foreign corporation.

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

- 1. The date on which corporation was first formed was Sept 22 2014.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Delaware.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Pierce Surgical Consolidated 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 Pierce Surgical Consolidated 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 Vermont Washington City.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Jim Pierce of Pierce Surgical Consolidated Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 29 day of March 2019

Jim Pierce (Authorized Signature)

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

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

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Pierce Surgical Consolidated Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

Unit 202E

same

11397 Pond View Drive

Wellington FL 33414

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Medical and health care product development
sales and services.

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ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 15,000,000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

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

Title/Name

Title/Name

Javin Prouce

CEO

Unit 202 E 11397 Pond View Dr

Wellington FL 33414

Title/Name

Title/Name

Peter Kunzweil

Secretary

22 Morning Light

Norport Coast Ct 92657

Title/Name

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:

Att: Bill Havre

Florida Registered Agent LLC

7907 4th St N STE 300

St. Petersburg FL 33707

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Jarvin Pierce

11397 Road Viva Drive

McDonough FL 33414

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.

Bill Havre

Signature/Registered Agent

03/27/2019

Date

Jarvin Pierce

Signature/Incorporator

04/26/2019

Date

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