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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

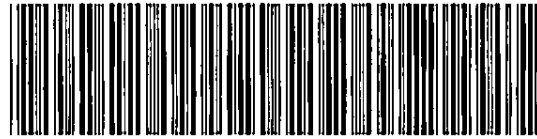
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 APR 18 PM 12:21
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

N CULLIGAN

MAY 20 2019

COVER LETTER

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

SUBJECT: Proacto Mich., 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	\$ <u>78.75</u>
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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Claudia Moncarz

Name (printed or typed)

4800 Hampden Lane, Suite 200

Address

Bethesda, MD 20814

City, State & Zip

786-541-2705

Daytime Telephone Number

claudia@moncarzlaw.com

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



April 17, 2019

Florida Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Proacto Mich., Inc.

Dear Madam or Sir,

The enclosed document has been corrected, we are returning this document, along with a copy of the letter received on April 2, 2019. So, you may process the filing of the Certificate of Domestication on behalf of Proacto Mich., Inc. Please note that Moncarz Law PL is a Florida entity in good standing.

Please let me know if you have any questions concerning this matter.

Sincerely,

Moncarz Law Firm P.L.L.

A handwritten signature in cursive script that reads 'Claudia Moncarz'.

Claudia Moncarz
Attorney at Law



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 2, 2019

CLAUDIA MONCARZ
4800 HAMPDEN LN #200
BETHESDA, MD 20814

SUBJECT: PROLACTO MICH., INC.
Ref. Number: W19000003043

We have received your document for PROLACTO MICH., INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Terri J Schroeder
Regulatory Specialist III

Letter Number: 519A00006512

CERTIFICATE OF DOMESTICATION

The undersigned, Oscar Gonzalez Secretary (Name) (Title)

of Prolacto Mich., 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 September 10, 2007
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 Prolacto Mich., 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 Prolacto Mich., 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 Delaware
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am the Secretary of Prolacto Mich., Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 21 day of DECEMBER, 2018

(Authorized Signature)

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

FILED 19 APR 18 PM 12: 21 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Prolacto Mich., Inc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address

Mailing Address

3881 S. Congress Ave #B

3881 S. Congress Ave #B

Palm Springs, FL 33461

Palm Springs, FL 33461

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Any and all lawful business

ARTICLE IV SHARES

100

THE NUMBER OF SHARES OF STOCK IS: _____

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Title/Name

President

Guillermo Andrade Malfavon

Title/Name

Title/Name

Treasurer

Oscar Gonzalez

Title/Name

Title/Name

Director

Irma Andrade Malfavon

Title/Name

Title/Name

Title/Name

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MALLARI, SECRETARY
TALLAHASSEE, FLORIDA

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Moncarz Law Firm P.L.
2699 Stirling Rd., Ste. B-200
Ft Lauderdale, FL 33312

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Claudia Moncarz
2699 Stirling Rd., Ste. B-200
Ft Lauderdale, FL 33312

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.

Claudia Moncarz
Signature/Registered Agent

12.22.18
Date

Claudia Moncarz
Signature/Incorporator

12.22.18
Date