

# PI9000071975

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

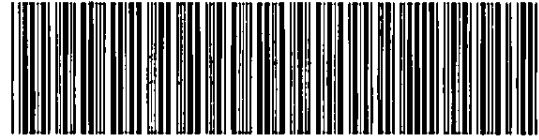
\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

00203

Office Use Only



100333502491

08/09/18--01024--025 ++197.50

2018 SEP -9 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

N CULLIGAN

SEP 20 2018

**COVER LETTER**

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

**SUBJECT:** Domestication of The Peer 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	\$ <u>78.75</u> ✓
Total to domesticate and file	\$128.75 ✓

**OPTIONAL:**

Certificate of Status	\$ 8.75 ✓
-----------------------	-----------

Per M. Kjeldaas  
Name (printed or typed)

3200 SW 133rd Terrace  
Address

Davie, FL 33330-4612  
City, State & Zip

318-884-9321  
Daytime Telephone Number

per@peer-group.net  
E-mail address: (to be used for future annual report notification)

FILED

2019 SEP -9 AM 11:00

**CERTIFICATE OF DOMESTICATION**

SECRETARY OF STATE  
TALLAHASSEE, FL

The undersigned, Per M. Kjeldaas President  
(Name) (Title)

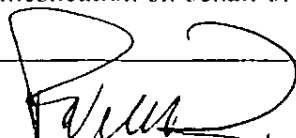
of The Peer Group Inc. a foreign corporation,  
(Corporation Name)

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

1. The date on which corporation was first formed was June 6, 1986.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Minnesota.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Minnesota.
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 The Peer 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 Minnesota.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President of The Peer Group Inc, a Minnesota Corporation

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 5 day of September 2019



(Authorized Signature)

**Filing Fee:**

<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>

FILED

2018 SEP -9 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FL

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

**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE:

The Peer Group Inc.

**ARTICLE II PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

3200 SW 133rd Terrace

3200 SW 133rd Terrace

Davie, FL 33330-4612

Davie, FL 33330-4612

**ARTICLE III PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Any legal purpose.

**ARTICLE IV SHARES**

THE NUMBER OF SHARES OF STOCK IS: 1,000,000

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

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

Title/Name  
President/Per M. Kjeldaas  
3200 SW 133rd Terrace  
Davie, FL 33330-4612

Title/Name  
Secretary/Per M. Kjeldaas  
3200 SW 133rd Terrace  
Davie, FL 33330-4612

Title/Name  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Title/Name  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:*

Per M. Kjeldaas  
\_\_\_\_\_  
3200 SW 133rd Terrace  
\_\_\_\_\_  
Davie, FL 33330-4612  
\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

*THE NAME AND ADDRESS OF THE INCORPORATOR IS:*

Per M. Kjeldaas  
\_\_\_\_\_  
3200 SW 133rd Terrace  
\_\_\_\_\_  
Davie, FL 33330-4612  
\_\_\_\_\_

2018 SEP -9 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

\*\*\*\*\*

**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

Sep 5, 2019

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Incorporator

Sep 5, 2019

\_\_\_\_\_  
Date