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(Address)

(City/State/Zip/Phone #)

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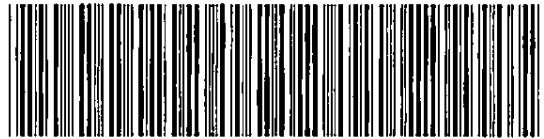
(Business Entity Name)

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COVER LETTER

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

SUBJECT: ITABOOKWORM INC

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	<u>\$ 78.75</u>
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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From: ITABOOKWORM INC

Name (printed or typed)

5421 Leslie Canyon Drive

Address

Wimauma, FL 33598

City, State & Zip

917-246-3213

Daytime Telephone Number

itabookworm@gmail.com

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

**Articles of Domestication
Foreign Corporation Domesticating to Florida**

I, the undersigned, Ita P Schwartz Officer
(Name) (Title)

of Itabookworm Inc, a foreign corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of Domestication.

1. Then name of the domesticating corporation is ITABOOKWORM INC
(Foreign Corporation)

2. The jurisdiction and date of its formation is New York, of 08/17/2023

3. The name of the domesticated corporation is ITABOOKWORM INC

4. The jurisdiction of formation of the domesticated corporation is **Florida**

5. The domestication corporation is a foreign corporation and the domestication was approved in accordance with its organic law.

6. Attached are Florida Articles of Incorporation to complete the domestication requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.


(Authorized Signature)

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

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

ITABOOKWORM INC

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address

Mailing Address

5421 Leslie Canyon Drive

5421 Leslie Canyon Drive

Wimauma, FL 33598

Wimauma, FL 33598

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Tutoring Services

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 200

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

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

Ita P Schwartz

5421 Leslie Canyon Drive

Wimauma, FL 33598

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

06/30/2025

Date

ARTICLE V - DIRECTORS AND/OR OFFICERS

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

Name & Title: Ita P Schwartz - Officer
Address: 5421 Leslie Canyon Drive
Wimauma, FL 33598

Name & Title: _____
Address: _____

Name & Title: _____
Address: _____

Name & Title: _____
Address: _____

Name & Title: _____
Address: _____

Name & Title: _____
Address: _____

Name & Title: _____
Address: _____

Name & Title: _____
Address: _____

submit this document and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155.F.S.



Signature/Authorized Person

06/30/2025

Date