24005278 12-11-24

| (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: | | | | | |
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Office Use Only



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12/04/24--01023--013 **137.50



COVER LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Purce Consulting Corp. SUBJECT: 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 \$ 78.75 Total filing fee \$128.75 **OPTIONAL:** Certificate of Status \$ 8.75 From: Purce Consulting Corp. Name (printed or typed) 7901 4th St N STE 300 Address St. Petersburg, FL 33702 City, State & Zip 9146612824 Daytime Telephone Number purcemj@gmail.com E-mail address: (to be used for future annual report notification)

Articles of Domestication Foreign Corporation Domesticating to Florida

| The undersigned, Michael Purce | | President | | | | |
|--|--|--|------------|--|--|--|
| | (Name) | (Title) | | | | |
| of P | urce Consulting Corp. | | | | | |
| - | ration, in accordance with s. 607.11922, Flor | ida Statutes, submit these Articles of | | | | |
| | estication. | D O | 2017/10/20 | | | |
| 1. | Then name of the domesticating corporation is Purce Consulting Corp. | | | | | |
| | | | | | | |
| | | | =- | | | |
| 2. | The jurisdiction and date of its formation is | New York, 12/19/2011 | PH P: | | | |
| 3. The name of the domesticated corporation is Purce Consulting Corp | | | | | | |
| 4. | The jurisdiction of formation of the domes | ticated corporation is Florida | | | | |
| 5. | The domestication corporation is a foreign approved in accordance with its organic la | • | | | | |
| 6. | . Attached are Florida Articles of Incorporation to complete the domestication requirements pursuant to s.607.0202, F.S. | | | | | |
| l certi | ify I am authorized to sign these Articles of D | omestication on behalf of the corporation. | | | | |
| | (Auth | orized Signature) | | | | |

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

| ARTICLE I NAME | | |
|--|---------------------------------------|--------------------|
| THE NAME OF THE CORPORATION SHALL E | BE: | |
| Purce Consulting Corp. | | |
| | | |
| ARTICLE II PRINCIPAL OFF | | |
| THE PRINCIPAL PLACE OF BUSINESS/ MAIL | ING ADDRESS IS: | |
| Principal Address 215 Ballyshannon Street, C102 | Mailing Address 7901 4th St N STE 300 | ~~~ |
| Melbourne Beach, FL 32951 | St. Petersburg, FL 33702 | 2021 DEC |
| | | |
| ARTICLE III PURPOSE | | PH 2: 40 |
| THE PURPOSE FOR WHICH THE CORPORATE Technical Consulting, Healthcare, Revenue Cycle, F | | FATE FAL |
| ARTICLE IV SHARES THE NUMBER OF SHARES OF STOCK IS: 2 | 000 | |
| _ | AGENT AND STREET ADDRE | SS |
| THE NAME AND FLORIDA STREET ADDR | | |
| Registered Agents Inc | | |
| 7901 4th St N STE 300 | | |
| St. Petersburg, FL 33702 | | |
| HAVING BEEN NAMED AS REGISTERED | AGENT AND TO ACCEPT SERVICE OF F | PROCESS FOR THE |
| ABOVE STATED CORPORATION AT THE | PLACE DESIGNATED IN THIS CERTIFICA | ate, I am familiar |
| WITH AND ACCEPT THE APPOINTMENT CAPACITY. | AS REGISTERED AGENT AND AGREE TO |) ACT IN THIS |
| David Scherits | | 11/22/2024 |
| Signature/Registered Agent | | Date |

ARTICLE V DIRECTORS AND/ OR OFFICERS

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

| Name & Title: | Michael Purce, President | Name & Title: | |
|---|--|---|---|
| Address: | 215 Ballyshannon Street, C102 | A dalaman. | |
| | Melbourne Beach, FL 32951 | | |
| Name & Title: | | | |
| Name & Title: Address: | | Name & Title: Address: | 2024 DEC -4 PH 2: 40 |
| Name & Title: Address: | | . 11 | |
| I submit this doc information subm provided far in s. | cument and affirm that the facts st nitted in a document to the Depar 817.155.F.S. | tated herein are true. I a tment of State constitute | im aware that false es a third degree felony as |
| Signature/Author | orized Person | | Date |