

N 19 0000004090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

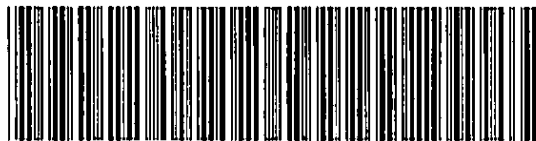
(Business Entity Name)

(Document Number)

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

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19 APR 10 PM 2:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** Transfer West Virginia Nonprofit to Florida

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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**BRIAN ROBINSON**

Name (printed or typed)

**240 Whispering Woods Ln Apt #8**

Address

**SAINT AUGUSTINE, FL 32084**

City, State & Zip

**(904) 679-9881**

Daytime Telephone Number

**brian@assemblenetwork.org**

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

**NOT FOR PROFIT  
CERTIFICATE OF DOMESTICATION**

The undersigned, BRIAN C. ROBINSON PRESIDENT/CEO  
(Name) (Title)  
of ASSEMBLE NETWORK INC. a foreign Corporation  
(Corporation Name)  
in accordance with section 617.1803, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was March 14, 2018.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was WEST VIRGINIA.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was ASSEMBLE NETWORK INC.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 617.01201 and 617.0202 with this certificate is ASSEMBLE NETWORK 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 543 CHAPMAN ROAD NEW CUMBERLAND, WV 26047
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 617.1803.

I am President/CEO of ASSEMBLE NETWORK INC.

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

  
(Authorized Signature)

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

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S. (Not for Profit)

**ARTICLE I      NAME**

The name of the corporation shall be:

**ASSEMBLE NETWORK INC.**

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**ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailing address shall be:

Principal Address

Mailing Address

240 Whispering Woods Ln

240 Whispering Woods Ln

Apt #8

Apt #8

Saint Augustine, FL 32084

Saint Augustine, FL 32084

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**ARTICLE III      PURPOSE**

The purpose for which the corporation is organized:

for charitable, scientific, religious, and educational purposes  
including, for such purposes, the making of distributions to  
organizations under section 501(c)(3) of the Internal Revenue  
Code, or the corresponding section of any future federal tax  
code. Said corporation is organized to provide religious  
inspiration and religious education, to provide information  
regarding resources or services that are available to assist  
anyone seeking a better quality of life and to assist people  
financially in accordance with the bylaws of said corporation.

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FILED  
JAN 10 PM 4:56  
CLERK OF DISTRICT COURT  
JAN 10 PM 4:56  
CLERK OF DISTRICT COURT

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

The initial directors are appointed by the founding President  
/CEO. Thereafter, directors will be elected at any board  
meeting by the majority vote of existing board of directors.

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

The name(s) and address(es) and specific title(s):

Title/Name

President/CEO Brian Robinson  
240 Whispering Woods Ln Apt 8  
Saint Augustine, FL 32084

Title/Name

Director Amy Robinson  
240 Whispering Woods Ln Apt 8  
Saint Augustine, FL 32084

Title/Name

Director James V. Northcraft  
357 Glen Elm Drive  
New Cumberland, WV 26047

Title/Name

Director Teresa Hough  
401 Forrest Hill Road  
Industry, PA 15052

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:

Brian C. Robinson

240 Whispering Woods Ln Apt 8

Saint Augustine, FL 32084

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Brian C. Robinson

240 Whispering Woods Ln Apt 8

Saint Augustine, FL 32084

\*\*\*\*\*  
*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.*

Brian C. Robinson  
Signature/Registered Agent

April 5, 2019

Date

Brian C. Robinson  
Signature/Incorporator

April 5, 2019

Date

FILED  
19 APR 10 PM 2:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA