

P04000079377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

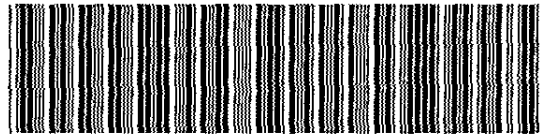
(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 MAY 18 PM 1:21

05/18/04--01011--025 **128.75

RECEIVED
04 MAY 18 PM 1:12
DIVISION OF CORPORATION

22/1/0

TRANSMITTAL LETTER

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

SUBJECT: Synergy Visions 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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FROM: Kristen Scovena
Name (printed or typed)

3725 Longfellow Rd.
Address

Tallahassee, FL 32311
City, State & Zip

850-877-9117
Daytime Telephone number

CERTIFICATE OF DOMESTICATION

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, Kristen Scovena, CEO
(Name) (Title)

of Synergy Visions 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 February 5, 2003.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was the State of Michigan.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Synergy Visions 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 Synergy Visions 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 State of Michigan.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am the CEO, of Synergy Visions Inc

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 18 day of May, 2004.

Kristen M. Scovena
(Authorized Signature)

Filing Fee:

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

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE: Synergy Visions Inc.

04 MAY 18 PM 1:22

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS: 3725 Longfellow Rd
Tallahassee, FL 32311

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED: Personal and Corporate Coaching

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 1000 Common

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES: Kristen Scovena- CEO Mark Scovena- CFO
3725 Longfellow Rd 3725 Longfellow F
Tallahassee, FL 32311 Tallahassee, FL 32

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS OF THE REGISTERED AGENT IS:

Kristen Scovena
3725 Longfellow Rd
Tallahassee, FL 32311

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Kristen Scovena
3725 Longfellow Rd
Tallahassee, FL 32311

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.

Kristen M. Scovena
Signature/Registered Agent

5/18/04
Date

Kristen M. Scovena
Signature/Incorporator

5/18/04
Date