P06000015997

| (Requestor's Name) |
|----------------------------------------------|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| <u> </u> |
| (Document Number) |
| \ |
| ertified Copies Certificates of Status |
| : |
| |
| Special Instructions to Filing Officer: |
| Althorization Damond GAVE |
| NOTITION BY PHONE TO |
| DATE 2/3/06 DONESTICE DONESTICE OF SUM DIKED |
| DOC EXAM DIRD DONESTICAL |
| Derivi |
| 1 |
| |





600064720176

01/31/06--01016--004 **128.75

OF IAN 31 AM 10: 38

MR)

TRANSMITTAL LETTER

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

CAROLINA QUILTMAKER, INC. SUBJECT: 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 \$78.75 Total to domesticate and file \$128.75 **OPTIONAL:** Certificate of Status \$8.75 FROM: LEONARD DAMOND (DIRECTOR)- THE COASTAL QUILTER Name (printed or typed) 11410 56TH ST. CIRCLE EAST Address PARRISH, FL 34219 City, State & Zip

Daytime Telephone Number

(941) 723-8727

CERTIFICATE OF DOMESTICATION SECRETARY OF STATE DIVISION OF CORPORATIONS

\$50.00

\$78.75

\$128.75

| The undersigned, LEONARD DAMOND | , DIRECTOR 06 JAN 31 AM 10: 38, |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| (Name) | (Title) |
| of CAROLINA QUILTMAKER, INC. | a foreign corporation, |
| (Corporation Name) in accordance with s. 607.1801, Florida Statutes, does hereb | y certify: |
| 1. The date on which corporation was first formed was JUN | NE 5, 1996 |
| 2. The jurisdiction where the above named corporation was | s first formed, incorporated, or otherwise |
| came into being was SOUTH CAROLINA | |
| The name of the corporation immediately prior to the filiwas CAROLINA QUILTMAKER, INC. | ing of this Certificate of Domestication |
| 4. The name of the corporation, as set forth in its articles of | fincorporation, to be filed pursuant to |
| s. 607.0202 and 607.0401 with this certificate is | |
| CAROLINA QUILTMAKER, INC. | · |
| The jurisdiction that constituted the seat, siege social, or administration of the corporation, or any other equivalen immediately before the filing of the Certificate of Domes 6142 CRABTREE RD. COLUMBIA, SC 29206 | t jurisdiction under applicable law, |
| 6. Attached are Florida articles of incorporation to complet to s. 607.1801. | e the domestication requirements pursuant |
| I am LEONARD DAMOND , of PARRISH, FLORIDA | |
| and am authorized to sign this Certificate of Domestication of | on behalf of the corporation and have done |
| so this the 27 day of JANUARY | , 2006 |
| (Authorized Signatu | re) |
| Filing Fore | |
| Filing Fee: | |

Certificate of Domestication

Total to domesticate and file

Articles of Incorporation and Certified Copy

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

06 JAN 31 AM 10: 38

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE: CAROLINA QUILTMAKER, INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS: 907 TENTH ST. EAST PALMETTO, FL 34221

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED: RETAIL QUILT SHOP

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 100

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:
ELLEN SIMON 11410 56th ST. CIRCLE EAST PARRISH, FL 34219 PRESIDENT/DIRECTOR
LEONARD DAMOND 11410 56th ST. CIRCLE EAST PARRISH, FL 34219 V. PRES/DIRECTOR

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS: LEONARD DAMOND 11410 56th ST. CIRCLE EAST PARRISH, FL 34219

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS: ELLEN SIMON 11410 56th ST. CIRCLE EAST PARRISH, FL 34219

| | ************************************** | |
|---------------------------------------------------------------------------------------|----------------------------------------|--|
| HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCE | | |
| STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AN | | |
| ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. | | |
| Stema Vamm | 1/27/06 | |
| Signature/Registered Agent | Date | |
| 6. 1 1 | | |
| - Ulm N Num- | 1/27/06 | |
| Signature/Incorporator | Date | |