

206000029591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

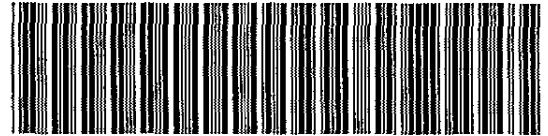
(Document Number)

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*[Signature]*  
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06 FEB 27 AM 8:43  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: MIDA WHOLESALE, INC. - DOMESTICATION

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
	<u>\$137.50</u>

FROM: David Newcombe  
Name (printed or typed)

8505 PORTOBELLO LANE  
Address

Palm Beach Gardens, FL 33418  
City, State & Zip

(954) 520-0069  
Daytime Telephone number

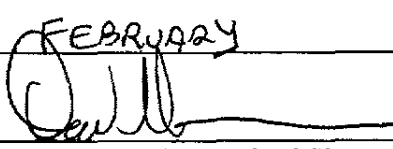
## CERTIFICATE OF DOMESTICATION

The undersigned, David Newcombe, President  
(Name) (Title)

of MIDA WHOLESALE, 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 April 5, 1996.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Georgia.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was MIDA WHOLESALE, 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 MIDA WHOLESALE, 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 Florida.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am David S. Newcombe, of 8505 PORTOBELLO LANE, PALM BEACH GARDENS  
and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done  
so this the 20 day of FEBRUARY, 2006.

  
(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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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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

CLERK OF STATE  
TALLAHASSEE, FLORIDA

06 FEB 27 AM 8:43

FILED

**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE: MIDA WHOLESALWE, INC

**ARTICLE II PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

8505 PORTOBELLO LANE  
PALM BEACH GARDENS,  
FL 33418

P.O. Box 1749  
JUPITER, FL 33468

**ARTICLE III PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

THE CORPORATION OPERATES AS A MANUFACTURER'S REP  
FOR THE SALE OF DOORS AND RELATED MACHINERY IN  
THE STATE OF FLORIDA

**ARTICLE IV SHARES**

THE NUMBER OF SHARES OF STOCK IS: 600 SHARES OF COMMON STOCK

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

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

DAVID S. NEWCOMBE, PRESIDENT  
8505 PORTOBELLO LANE  
PALM BEACH GARDENS, FL, 33418

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

DAVID S. NEWCOMBE  
8505 PORTOBELLO LANE  
PALM BEACH GARDENS, FL 33418

**ARTICLE VII INCORPORATOR**

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

DEBI FRIEDMAN  
SUITE 400  
359 EAST MACY FERRY RD.  
ATLANTA, GA 30305

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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

DAVID S. NEWCOMBE

Date

02/20/2006

Signature/Incorporator

Debi Friedman

Date

2/20/2006