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(Re	equestor's Name)	,
(Ad	ldress)	
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(Cil	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	cument Number)	}
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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TRANSMITTAL LETTER

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

SUBJECT:		
Enclosed is an	original and one (1) copy of the Certificat	e of Domestication and a check for:
FEES:		
Certifi	cate of Domestication	\$50.00
	s of Incorporation and Certified Copy	<u>\$78.75</u>
	o domesticate and file	\$128.75
OPTIONAL:		
Certific	cate of Status	\$ 8.75
FROM	: James Coleman	
	Name (printed or	typed)
	10006 Cross Creek Blvd, Suite #426	
	Address	
	Tampa, FL, 33647	
	City, State &	Zip
	813-352-2279	
	Daytime Telephone	Number

CERTIFICATE OF DOMESTICATION

The undersigned,	James Coleman	, President			
	(Name)	(Title)			
of Six Sigma Ass	ociates, Inc.	a for	eign corporation,		
-	(Corporation Name)		ŧ		
n accordance wi	th s. 607.1801, Florida Statutes, does	hereby certify:			
1. The date on v	which corporation was first formed w	AS February 23	1999		
•	ion where the above named corporation	on was first formed, incorpora	ated, or otherwise		
came into be	ing was Maricopa County, Arizona		 :		
	the corporation immediately prior to a Associates, Inc.	the filing of this Certificate o	f Domestication .		
4. The name of	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 Six Sigma Associates, Inc.				
administratio	ion that constituted the seat, siege soon of the corporation, or any other equipment the filing of the Certificate of anty, Arizona	iivalent jurisdiction under app			
6. Attached are to s. 607.180	Florida articles of incorporation to coll.	omplete the domestication req	uirements pursuant		
am James Coler	man , of Six Sigma Associates	MA ₃ ,			
and am authorize	ed to sign this Certificate of Domestic	ation on behalf of the corpora	ation and have done		
so this the 31	day of October		,_2006		
so this the 31	Sale				
so this the 31	Jan (Authorized S	2-23-1999			
so this the 31	(Authorized S	ree: 2-23-1999	, 2006		
so this the 31	Jan (Authorized S	ree: \$50.00	, 2006		

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE: Six Sigma Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS: 10006 Cross Creek Blvd, Suite #426 Tampa, FL. 33647

FILED

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SECRETARY OF STATE
TALLAMASSE, FLORIDA

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED: Engineering Consulting

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 1000

2-23-1999

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

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

James Coleman, Director and President 10006 Cross Creek Blvd, Suite #426, Tampa, FL 33647 Robin Coleman, Director and Treasurer/Secretary 10006 Cross Creek Blvd, Suite #426, Tampa, FL 33647

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

James Coleman 10006 Cross Creek Blvd, Suite #426, Tampa, FL 33647

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

James Coleman 10006 Cross Creek Blvd, Suite #426, Tampa, FL 33647

Signatura (Incorporator

10-31-06 Date