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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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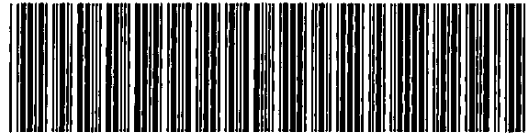
(Business Entity Name)

(Document Number)

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

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07 JAN -2 AM 2:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: Scenset Inn, 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 |
|-----------------------|---------|

FROM: Scenset Inn Inc.  
Name (printed or typed)

81671 Old Highway  
Address

Islamorada, FL  
City, State & Zip

305-664-0640  
Daytime Telephone Number

# CERTIFICATE OF DOMESTICATION

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The undersigned, Jean-Charles Belin, President,  
(Name) (Title)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

of Scenset Inn 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 May 16, 1973.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Massachusetts.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Scenset Inn 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 Scenset Inn 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 Massachusetts.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President, of Scenset Inn, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 28 day of December, 2006.

[Signature]  
(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 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

*Sconset Inn, Inc.*

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*81671 Old Highway  
Islamadora, FL 33036*

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*Commercial rental real estate*

## ARTICLE IV SHARES

The number of shares of stock is:

*7,500*

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

*Jean-Charles Berruet  
81671 Old Highway  
Islamadora, FL 33036*

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

*Jean-Charles Berruet  
81671 Old Highway  
Islamadora, FL 33036*

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Jean-Charles Berruet  
81671 Old Highway  
Islamadora, FL 33036*

\*\*\*\*\*

Having been named as registered agent 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]*  
\_\_\_\_\_  
Signature/Registered Agent

*[Signature]*  
\_\_\_\_\_  
Signature/Incorporator

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Signature]*  
\_\_\_\_\_  
Date 12/27/06

*[Signature]*  
\_\_\_\_\_  
Date 12/27/06