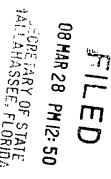
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,
F05-4463



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Office Use Only

TRANSMITTAL LETTER

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

SUBJECT:	Sanborn	Services	Inc.	
Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:				
FEES:				
Artic	ficate of Domestication les of Incorporation and Certifie to domesticate and file	\$50.00 od Copy <u>\$78.75</u> \$128.75		
OPTIONAL	<u>:</u>			
Certi	ficate of Status	\$ 8.75		
FROI	M: Kimberly A Name (p	Sanborr	<u>.</u>	
34 Lloleeta tath				
	Palm Coas	+ F 30 State & Zip	164	
386 206-4452 Daytime Telephone Number				

•	CERTIFICATE OF DOMESTICATION &				
Th	e undersigned, <u>Nimberly Sanborn</u> Pres. (Title)				
of	Sanborn Services 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 $9ep + 10 = 205$				
2.	The jurisdiction where the above named corporation was first formed, incorporated, or otherwise				
	came into being was				
3.	The name of the corporation immediately prior to the filing of this Certificate of Domestication was $Services Inc$.				
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 Sanborn Services 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				
6.	Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.				
1 am Kimberly Sanborn Sanborn Services Inc.					
and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done					
so this the 24 day of March, 2008 .					
	(Authorized Signature)				

Filing Fee:

Certificate of Domestication
Articles of Incorporation and Certified Copy
Total to domesticate and file

<u>\$78.75</u> \$128.75

\$50.00

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

ARTICLE I NAME THE NAME OF THE CORPORATION SHALL BE: Sanborn Services Prof. The Name of the Corporation Shall Be: Sanborn Services Prof. The Name of the Corporation Shall Be: Sanborn Services Prof. The Name of the Corporation Shall Be: Sanborn Services Prof. The Name of the Corporation Shall Be: Sanborn Services Prof. The Name of the Corporation Servi
ARTICLE I NAME THE NAME OF THE CORPORATION SHALL BE: Sanborn Services ARTICLE II PRINCIPAL OFFICE THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS: 34 LID leeta Path Palm Coast Fl 32164
ARTICLE III PURPOSE THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED: Any and ALL Lawful Business
ARTICLE IV SHARES THE NUMBER OF SHARES OF STOCK IS:
ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES: Kimberly Sanborn President Dan L. Sanborn Jr Vice President
ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS
THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS: Wimberly Sanborn 34 L101eeta Path ARTICLE VII INCORPORATOR Palm Coast F1 32164 THE NAME AND ADDRESS OF THE INCORPORATOR IS:
Kimberly Sanborn 34 Lioiceta Path Palm Coast Fl 32164
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 3/24/05 Date
Signature/ Incorporator Date 3 24 08