

P08000037172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

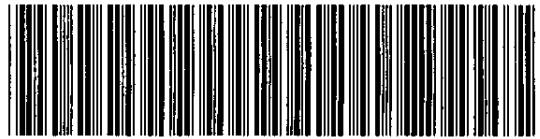
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Beth McCord GAVE
AUTHORIZATION BY PHONE TO
CORRECT Shoup & Stork
DATE 4/11/08
DOC. EXAM g

Office Use Only

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W08-15727



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DIVISION OF CORPORATIONS
08 APR 11 PM 3:48

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TRANSMITTAL LETTER

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

SUBJECT: TAKE A BITE OUT OF Grime, 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
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FROM: Jeffrey McLord
Name (printed or typed)

5422 Beneva Woods Circle
Address

Sarasota, FL 34233
City, State & Zip

941-8700-2188
Daytime Telephone Number



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE 08 APR 11 PM 3:48
Division of Corporations

March 27, 2008

JEFFREY S. MCCORD
5422 BENEVA WOODS CIRCLE
SARASOTA, FL 34233

SUBJECT: TAKE A BITE OUT OF GRIME, INC.
Ref. Number: W08000015727

We have received your document for TAKE A BITE OUT OF GRIME, INC. and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

On the Certificate of Domestication page, please list the owners title.

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 708A00018059

CERTIFICATE OF DOMESTICATION

The undersigned, Jeffrey S. McCord, owner/President
(Name) (Title)

of Take a Bite out of Grime, 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 July 7, 1998.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Colorado.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Take a Bite out of Grime, 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 Take a Bite out of Grime 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 Colorado.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am owner, of Take a Bite out of Grime, 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.

[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, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE: Take a Bite out of Crime, Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS: 5422 Beneva Woods Circle
Sarasota, FL 34233

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:

100

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES: Jeffrey S. McCord - President
5422 Beneva Woods Circle
Sarasota, FL 34233

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Jeffrey S. McCord
5422 Beneva Woods Circle
Sarasota, FL 34233

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Jeffrey S. McCord
5422 Beneva Woods Circle
Sarasota, FL 34233

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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

3-24-08

Date

Signature/Incorporator

3-24-08

Date