

P08000082873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

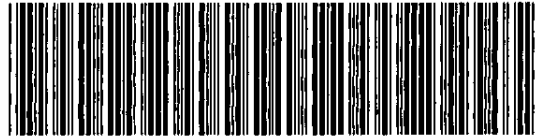
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100135406031

09/09/08--01014--017 **137.50

FILED

2008 SEP -9 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
2-7-02

cy 9-9

TRANSMITTAL LETTER

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

SUBJECT: ASKORN CORP

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: ALAN S KORNSTEIN
Name (printed or typed)

1836 POPPY CIRCLE
Address

THE VILLAGE FL 32162
City, State & Zip

352-750-1581
Daytime Telephone Number

CERTIFICATE OF DOMESTICATION

FILED

The undersigned, ALAN S KORNSTEIN, PRESIDENT 2000 SEP -9 PM 2: 55
(Name) (Title)

of ASKORN CORP SECRETARY OF STATE
(Corporation Name) a foreign corporation, FLORIDA

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was FEBRUARY 7, 2002.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was CONNECTICUT.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was ASKORN CORP.
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 ASKORN CORP.
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 181 RIVERGATE DRIVE, WILTON, CT 06897.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am ALAN S KORNSTEIN, of ASKORN CORP

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 5 day of SEPTEMBER, 2008.

Alan S Kornstein

(Authorized Signature)

EFFECTIVE DATE
2-7-02

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.

FILED

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE: ASKORN CORP

2000 SEP -9 PM 2:55

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS: 1836 POPPY CIRCLE
THE VILLAGES, FL 32162

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED: MANAGEMENT SERVICES

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 100 SHARES

EFFECTIVE DATE
2-7-02

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

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

ALAN S KORNSTEIN
181 RIVERGATE DRIVE
WILTON CT 06897
PRESIDENT / SECRETARY

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

ALAN S KORNSTEIN
1836 POPPY CIRCLE
THE VILLAGES, FL 32162

ARTICLE VII INCORPORATOR

THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

ALAN S Kornstein
1836 POPPY CIRCLE
THE VILLAGES, FL 32162

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

Date

Alan S Kornstein
Signature/Incorporator / Registered Agent

9/5/08
Date