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(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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TRANSMITTAL LETTER

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

SUBJECT: CONVERT FOREIGN PROFIT CORP TO DOMESTIC 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** \$78.75 Total to domesticate and file \$128.75 **OPTIONAL: Certificate of Status** \$ 8.75 JOE + CHERYL SOVARE

Name (printed or typed) BOLTON AVE HUDSON: FL 34667 City, State & Zip

> 727 207 9300 Daytime Telephone Number

CERTIFICATE OF DOMESTICATION

The undersigned, CHERY	L SOVARE	, V PRE 5 (Title)					
	(Name)	(Title)					
of ANDON INC	ation Name)	a foreign corporation,					
in accordance with s. 607.1801							
1. The date on which corporat	The date on which corporation was first formed was						
•	The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was						
•	· -	the filing of this Certificate of Domestication					
4. The name of the corporatio	n, as set forth in its art	icles of incorporation, to be filed pursuant to ANDON INC					
administration of the corpo immediately before the filit	ration, or any other equal of the Certificate of	cial, or principal place of business or central uivalent jurisdiction under applicable law, Domestication was					
•		omplete the domestication requirements pursuant					
I am V PRES, of	ANDON !	NC					
•	·	cation on behalf of the corporation and have done					
so this the 30 day of N_{6}	γ	, 200 °.					
	gerged Sor	are					
	/(Authorized S	Signature)					

Filing Fee:

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

\$50.00 <u>\$78.75</u> \$128.75 DEC -3 PM W 36
SECRETARY OF STATE

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ı	\RT	ICLE	; I	N	AME

THE NAME OF THE CORPORATION SHALL BE:

ANDON INC

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TALLAHASSEE. FLORIDA

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

9207 BOLTON AVE HUDSON FL 34667

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:

PT

SOVARE, JOSEPH 9207 BOLTON AVE

HUDSON FL 34667

VS SOVARE, CHERYL 9207 BOLTON AVE

HUDSON FL 34667

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

CHERYL SOVARE
9207 BOLTON AVE
HUDSON FL 34667

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

JOSEPH SOVARE
9207 BOLTON AVE
HUDSON FL 34667

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.