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Special Instructions to Filing Officer:

*Maureen Mamara* GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT *Article IV*  
DATE *12/16/08*  
DOC. EXAM *MRD*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*MRD*  
*12/16*

## TRANSMITTAL LETTER

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

SUBJECT: Registration of Corp. in Florida

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: Out Of Africa, Inc.

Name (printed or typed)

461 Jung Blvd. East

Address

Naples FL 34120

City, State & Zip

(239) 348-0355

Daytime Telephone Number

## CERTIFICATE OF DOMESTICATION

The undersigned, Michael A. MASSARA, President,  
(Name) (Title)

of Out of Africa, 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 June 26, 1995.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was State of Ohio.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Out of Africa, 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 Out of Africa, 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 1005 Eckard Rd. Centerburg, OH 43011.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Michael A. MASSARA, of Out of Africa, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 10<sup>th</sup> day of December, 2008.

Michael A. Massara  
(Authorized Signature)

### Filing Fee:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
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**ARTICLES OF INCORPORATION**  
IN COMPLIANCE WITH CHAPTER 607, F.S.

**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE:

*Out of Africa, Inc.*

**ARTICLE II PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

*461 Jung Blvd. E.  
Naples, FL 34120*

**ARTICLE III PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

*Selling of succulent plants.*

**ARTICLE IV SHARES**

THE NUMBER OF SHARES OF STOCK IS:

*850 shares*

**ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS**

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

*Michael A. MASSARA - President*

*Maureen W. Massara - 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:

*Michael A. Massara  
461 Jung Blvd. E. Naples, FL 34120*

**ARTICLE VII INCORPORATOR**

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

*Michael A. Massara  
461 Jung Blvd. E. Naples, FL 34120*

\*\*\*\*\*  
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.

*Michael A. Massara*  
\_\_\_\_\_  
Signature/Registered Agent

*12/10/2008*  
\_\_\_\_\_  
Date

*Michael A. Massara*  
\_\_\_\_\_  
Signature/Incorporator

*12/10/2008*  
\_\_\_\_\_  
Date

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