

P10000084334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP.

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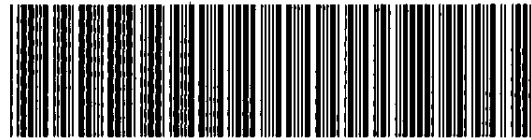
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
10 OCT 12 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ps 10/15/10

COVER LETTER

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

SUBJECT: DOMESTICATION OF TSALICKIS 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	\$ 78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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MICHAEL TSALICKIS
Name (printed or typed)

1912 ROSEGLEN AVE
Address

SAN PEDRO, CA 90731
City, State & Zip

310 548-0076
~~310 548-0076~~
Daytime Telephone Number

HNILL@AOL.COM
E-mail address: (to be used for future annual report notification)

CERTIFICATE OF DOMESTICATION

FILED

10 OCT 12 PM 2:11

The undersigned, MICHAEL TSALICKIS, PRES
(Name) (Title)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

of TSALICKIS INC
(Corporation Name) a foreign corporation,

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

1. The date on which corporation was first formed was 1-14-05.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was STATE OF WASHINGTON.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was TSALICKIS 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 TSALICKIS 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 STATE OF WASHINGTON.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am DIRECTOR, of TSALICKIS INC

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 5th day of October, 2010.



(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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

TSALICKIS INC

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

1912 ROSEGLEN AVE
SAN PEDRO CA 90731

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

ANY + ALL LAWFUL BUSINESS

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

1000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

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

MICHAEL TSALICKIS
1912 ROSEGLEN AVE
SAN PEDRO CA 90731

HOLLY TSALICKIS
1912 ROSEGLEN AVE
SAN PEDRO CA 90731

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JO ANNE PINAUD
9914 SAN DIEGO WAY
PORT RICHEY FL 34668

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

MICHAEL TSALICKIS
1912 ROSEGLEN AVE
SAN PEDRO CA 90731

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.

Jo Anne Pinaud
Signature/Registered Agent

9-23-10
Date

Michael Tsalickis
Signature/Incorporator

10-5-10
Date