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(Requestor's Name) (Address) (Address)	000208698890
(City/State/Zip/Phone #)	06/20/1101048012 **128
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Office Use Only	

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COVER LETTER

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

SUBJECT: TROY CONSULTATION GROUP, INC.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication\$ 50.00Articles of Incorporation and Certified Copy\$ 78.75Total to domesticate and file\$128.75

OPTIONAL:

Certificate of Status

\$ 8.75

TROY GAGLIARDI Name (printed or typed)

> 771 NE 32ND STREET Address

BOCA RATON FL 33431 City, State & Zip

888-367-8769

Daytime Telephone Number

888FORTROY@GMAIL.COM

E-mail address: (to be used for future annual report notification)

INHS53 (8/05)

· c	ERTIFICATE OF DOME	STICATION	
The undersigned		PRESIDENT	
· · · · · · · · · · · · · · · · · · ·	(Name)	(Title)	
	ONSULTATION GROUP, INC	a foreign corp	
· · ·	01, Florida Statutes, does hereby	certify:	50
1. The date on which corpo	ration was first formed was	APRIL 1, 2	004
2. The jurisdiction where the came into being was N	e above named corporation was EW YORK	first formed, incorporated, or oth	
	ion immediately prior to the filin		cation
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to			
s. 607.0202 and 607.040	I with this certificate is TROY	CONSULTATION GROUP, IN	<u>IC.</u>
 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 NEW YORK 			
6. Attached are Florida arti to s. 607.1801.	cles of incorporation to complete	the domestication requirements	s pursuant
I am Troy Gagliardi,	of TROY CONSULTATION G	ROUP, INC.	<u></u>
and am authorized to sign th	s Certificate of Domestication o	n behalf of the corporation and h	nave done
so this the <u>16th</u> day of	JUNZ	,201	1
	Time in the		
\sim	Anthonized Signatur	e)	
	\mathcal{V}		
Filing Fee: Certificate of Domestication \$ 50.00			
Articles	of Incorporation and Certified domesticate and file		

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INHS53 (8/05)

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ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

TROY CONSULTATION GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS: 771 NE 32ND STREET BOCA RATON FL 33431

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED: GENERAL

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 200 NO PAR

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES: TROY GAGLIARDI, PRESIDENT 771 NE 32ND STREET BOCA RATON FL 33431

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS: TROY GAGLIARDI 771 NE 32ND STREET BOCA RATON FL 33431

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS: TROY GAGLIARD 771 NE 32ND STREET BOCA RATON FL 33431

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATIONAT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILLAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

Signatu red Agent

<u>JUNE 16, 2014</u> Date Tune 16, 2011

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Signature/Incorporator