

P/100006212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

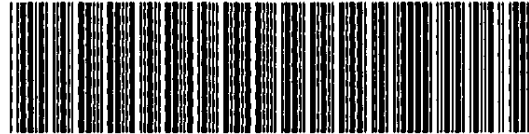
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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07/05/11--01030--012 \*\*87.50

07/18/11--01034--021 \*\*50.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUL 21 AM 10:24

with 35909  
PS 7/22/11



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 6, 2011

CHANDROUTIE DYAL  
P O BOX 5447  
WINTER PARK, FL 32793

SUBJECT: DEONARINE MGMT INC  
Ref. Number: W11000035909

We have received your document for DEONARINE MGMT INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The document must contain both the street address of the principal office and the mailing address of the entity.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Pamela Smith  
Regulatory Specialist II

Letter Number: 311A00016160

## COVER LETTER

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

SUBJECT: DEONARINE MANAGEMENT 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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CHANDROUTIE DYAL

Name (printed or typed)

3230 HeatherBrook CT

Address

Winter Park, FL 32792

City, State & Zip

407-409-6365

Daytime Telephone Number

deonarinemgmtinccentral@ymail.com

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

# CERTIFICATE OF DOMESTICATION

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11 JUL 21 AM 10:24

The undersigned, Chandroute Dyal, Officer,  
(Name) (Title)

of DEONARINE MANAGEMENT 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 03/21, 2008.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Minnesota.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Deonarine Management 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 Deonarine management 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 Minnesota.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Chandroute Dyal, of DEONARINE MANAGEMENT INC

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done

so this the 14 day of JULY, 2011.

Chandroute Dyal  
(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.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11 JUL 21 AM 10:24

**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE:

DEONARINE MANAGEMENT INC

**ARTICLE II PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

3230 HEATHERBROOK CT  
WINTER PARK, FL 32792

**ARTICLE III PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED: Cleaning Franchise

**ARTICLE IV SHARES**

THE NUMBER OF SHARES OF STOCK IS:

75,000

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

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

CHANDROUTIE DYAL  
3230 HEATHERBROOK CT  
WINTER Park, FL 32792

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

CHANDROUTIE DYAL  
3230 HEATHERBROOK CT  
WINTER PARK, FL 32792

**ARTICLE VII INCORPORATOR**

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

CHANDROUTIE DYAL  
3230 HEATHERBROOK CT  
WINTER PARK, FL 32792

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**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.**

Chandroutie Dyal  
Signature/Registered Agent

07/14/2011

Date

chandroutie Dyal  
Signature/Incorporator

07/14/2011

Date