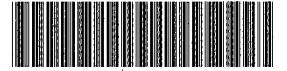
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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COVER LETTER

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

SUBJECT:	Domestication filing for Miss Chivus, Inc.	
Enclosed is an	original and one (1) copy of the Certificate of Domestication and a check for:	
FEES:		
Articles	cate of Domestication \$ 50.00 s of Incorporation and Certified Copy \$ 78.75 o domesticate and file \$128.75	
OPTIONAL:		
Certific	cate of Status \$ 8.75	
	Drew Edwards Name (printed or typed)	
	7616 SW Jack James Drive Address Address	The same of the sa
	Stuart, FL 34997	
	352-256-0046 Daytime Telephone Number	
	drew.edwards@misschivus.com E-mail address: (to be used for future annual report notification)	

CERTIFICATE OF DOMESTICATION

The undersigned,		Drew Edwards ,	President ,			
		(Name)	(Title)			
of		Striver Solutions, Inc dba Miss Chivus	a foreign corporation,			
in :	accordance with	(Corporation Name) s. 607.1801, Florida Statutes, does hereby cert	ify:			
1.	The date on wh	nich corporation was first formed was	June 8 , 2010 .			
2.	The jurisdiction	n where the above named corporation was first	formed, incorporated, or otherwise			
	came into being was New York, New York					
3.	The name of the corporation immediately prior to the filing of this Certificate of Domestication					
	was Striver Sc	olutions, Inc dba Miss Chivus				
4.	. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to					
	s. 607.0202 and	d 607.0401 with this certificate is Miss Chivus				
5.	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 New York, New York .					
6.	Attached are Fl to s. 607.1801.	orida articles of incorporation to complete the	domestication requirements pursuant			
I ar	m <u>Preside</u>	nt , of Miss Chivus, Inc.				
and	d am authorized	to sign this Certificate of Domestication on bel	nalf of the corporation and have done			
so 1	this the <u>6</u> d	ay of July	, 2012 .			
		DF				
		(Authorized Signature)	Die No			
		Filing Fee: Certificate of Domestication Articles of Incorporation and Certified Cop Total to domesticate and file	\$ 50.00 P. S. 128.75 \$128.75			

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Miss Chivus, Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS: 7616 SW Jack James Drive Stuart FL, 34997

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED: Manufacture and sell plastic injection molded pieces.

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 10,000 Voting

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:
Drew Edwards, President
707 SW River Bend Circle
Stuart FL, 34997

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Drew Edwards, President 707 SW River Bend Circle Stuart FL, 34997

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:
Drew Edwards
707 SW River Bend Circle
Stuart FL, 34997

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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.

1-	101101 111 11110 011110111
DREW EDWARDS	7/6/2012
Signature/Registered Agent	Date
DREW FOWARDS	7/6/2012
Signature/Incorporator	Date