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(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	of Status		
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COVER LETTER

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

SUBJECT: Corporate Domestication of Frank W. Winne & Son 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				
Name (printed or typed)				
Name (printed or typed)				
521 Fellowship Ro Sure 115				
Address ' /				
MT. LAUREL NJ 08054 City, State & Zip				
· · · · · · · · · · · · · · · · · · ·				
RAdelizzi @ FRANKWINNE. COM				

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

thank of Mely

INHS53 (8/05)

CERTIFICATE OF DOMESTICATION

FILED

The undersigned, Robert P. Adeliz		Robert P. Adelizzi ,	Secretary / Treasules 20 AM 1:5			
		(Name)	(Title) SECRETARY			
- c		Frank M. Minna R. Can Inc.	(Title) SECRETARY: OF STATE a foreign corporation, LORID,			
of		Frank W. Winne & Son Inc. (Corporation Name)	a foreign corporation, CORID,			
in a	accordance with s.	607.1801, Florida Statutes, does hereby	certify:			
ı.	The date on which	n corporation was first formed was	August 2 , 1978 .			
2.	2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise					
	came into being was Pennsylvania					
3.	3. The name of the corporation immediately prior to the filing of this Certificate of Domestication					
	was Frank W. Winne+Son 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					
	Frank W. Win	ne & Son Inc.				
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 521 Fellowship Road Suite 115 Mt. Laurel, NJ 08054					
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.						
I am Secretary , of Frank W. Winne & Son Inc.						
an	d am authorized to	sign this Certificate of Domestication or	n behalf of the corporation and have done			
so	this the 14 day	of December	, <u>2012</u> .			
		Robet P alouly (Authorized Signature)	2			
Filing Fee:						

\$ 50.00

\$ 78.75 \$128.75

Certificate of Domestication

Articles of Incorporation and Certified Copy Total to domesticate and file

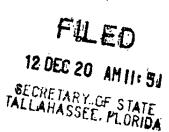
ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Frank W. Winne & Son Inc.



ARTICLE II PRINCIPAL OFFICE

The PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:
Doug Coath #305
Frank W. Winne & Son Inc.
4001 North Ocean
Gulf Stream , FL 33483
ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED: Provide Management Consulting Services

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 100 Shares

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

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

Doug Coath #305 4001 North Ocean Gulf Stream, FL 33483 President, Director Mike Aversano 521 Fellowship Road S. 115 Mt. Laurel, NJ 08054 V.P., Director Rob Adelizzi 521 Fellowship Road S. 115 Mt. laurel, NJ 08054 Secretary/ Treasurer, Director

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS: Doug Coath # 305 4001 North Ocean Gulf Stream, FL 33483

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Rob Adelizzi 521 Fellowship Road S. 115 Mt. Laurel ,NJ 08054

	: * * * * * * * * * * * * * * * * * * *	
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE		
STATED CORPORATION AT THE PLACE DESIGNATED I	IN THIS CERTIFICATE, I AM FAMILIAR WITH AND	
ACCEPTATHE APPOINTMENT AS REGISTERED AGENT	AND AGREE TO ACT IN THIS CAPACITY.	
X LOX	12/14/12	
Signature/Registered Agent	Date	

Signature/Incorporator

12/14/12 Date