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FILED  
12 DEC 20 AM 11:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
12/21

**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

FRANK W. WINNE + SON INC  
Name (printed or typed)

521 Fellowship Rd Suite 115  
Address

MT. LAUREL NJ 08054  
City, State & Zip

888-266-7590 X 201  
Daytime Telephone Number

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

*Thank you  
Rob Adely  
12-19-12*

CERTIFICATE OF DOMESTICATION

FILED

12 DEC 20 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, Robert P. Adelizzi, Secretary / Treasurer  
(Name) (Title)  
of Frank W. Winne & Son 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 August 2, 1978.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Pennsylvania.
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. Winne & Son 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 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.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 14 day of December, 2012.

Robert P. Adelizzi  
(Authorized Signature)

<b>Filing Fee:</b>	
Certificate of Domestication	<b>\$ 50.00</b>
Articles of Incorporation and Certified Copy	<b>\$ 78.75</b>
<b>Total to domesticate and file</b>	<b>\$128.75</b>

**ARTICLES OF INCORPORATION**  
*IN COMPLIANCE WITH CHAPTER 607, F.S.*

**FILED**

**12 DEC 20 AM 11:50**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**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 IN THIS CERTIFICATE, I AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.**

\_\_\_\_\_  
Signature /Registered Agent

12/14/12  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature /Incorporator

12/14/12  
\_\_\_\_\_  
Date