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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-0821  
Fax Number : (850) 558-1515

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

DOMESTICATION  
TBI MAZEL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$120.00

12 DEC 27 PM 4:33

FILED  
12 DEC 27 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

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

**SUBJECT:** TBI Mazel, 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

Corporation Service Company  
Name (printed or typed)

Address

City, State & Zip

Daytime Telephone Number

john@thalbro.com  
E-mail address: (to be used for future annual report notification)

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**CERTIFICATE OF DOMESTICATION**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, John M. Thalheimer, President,  
(Name) (Title)

of TBI Mazel, 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 December 31, 1956.
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 TBI Mazel, 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 TBI Mazel, 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 Pennsylvania.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am John M. Thalheimer, of TBI Mazel, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 27<sup>th</sup> day of December, 2012.

  
(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.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE:

TBI Mazel, Inc.

**ARTICLE II PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

109 Nautical Way  
Jupiter, FL 33477

**ARTICLE III PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

To engage in any lawful act or activity for corporations may be organized under the Florida Business Corporation Act.

**ARTICLE IV SHARES**

THE NUMBER OF SHARES OF STOCK IS:

15,000 shares of common stock with a par value of \$10.00 per share.

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

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

- John M. Thalheimer - 109 Nautical Way Jupiter FL 33477- Sole Director; President and Treasurer
- Richard Reiner - 109 Nautical Way, Jupiter, FL 33477 - Vice President
- Michael Heyman - 109 Nautical Way Jupiter FL 33477 - Secretary and Chief Financial Officer

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

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

Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Linda M. Lee, Paralegal, c/o Cozen O'Connor  
200 Four Falls Corporate Center, Suite 400  
West Conshohocken, PA 19428

\*\*\*\*\*  
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.

*Becky Peice*  
Becky Peice  
Assistant Vice President  
Signature/Registered Agent

12/27/2012  
Date

*Linda M. Lee*  
Signature/Incorporator

12/27/12  
Date