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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

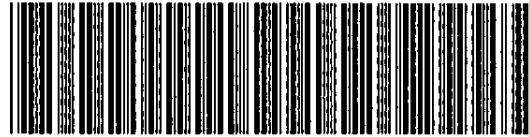
(Business Entity Name)

(Document Number)

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

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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: THE ABBON GROUP, LTD.

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

THE ABBON GROUP, LTD.  
Name (printed or typed)

90 EDGEWATER DRIVE # 606  
Address

CORAL GABLES FL 33133  
City, State & Zip

786. 877. 1828  
Daytime Telephone Number

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## CERTIFICATE OF DOMESTICATION

The undersigned, ROBERT P. AVEDON, PRESIDENT,  
(Name) (Title)

of THE AVEDON GROUP, LTD. a foreign corporation,  
(Corporation Name)

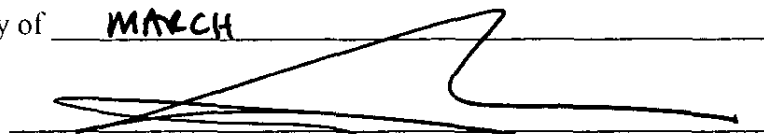
in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was JULY 28, 1992.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was MARYLAND.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was THE AVEDON GROUP, LTD.
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 THE AVEDON GROUP, CORP.
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 MARYLAND.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am PRESIDENT, of THE AVEDON GROUP, CORP.

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

so this the 8 day of MARCH, 2013



(Authorized Signature)  
ROBERT P. AVEDON

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TALLAHASSEE, FLORIDA

### Filing Fee:

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

**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE:

THE AVEON GROUP, CORP.

**ARTICLE II PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

90 EDGEWATER DRIVE

W 606

CUXAL CABLES, FL

33133

**ARTICLE III PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

INSURANCE SALES

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**ARTICLE IV    SHARES**

THE NUMBER OF SHARES OF STOCK IS: 100

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

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

Title/Name

Title/Name

ROBERT P. ANDON . PRESIDENT

90 EDGEWATER DRIVE # 606

CORAL CABLES, FL 33133

Title/Name

Title/Name

KATHY A. ANDON . SECRETARY

90 EDGEWATER DRIVE # 606

CORAL CABLES, FL 33133

Title/Name

Title/Name

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\_\_\_\_\_  
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Title/Name

Title/Name

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TALLAHASSEE, FLORIDA

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

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

ROBERT P. ALEDON  
90 EDGEWATER DRIVE # 606  
CORAL GABLES, FL 33133

**ARTICLE VII INCORPORATOR**

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

ROBERT P. ALEDON  
90 EDGEWATER DRIVE # 606  
CORAL GABLES, FL 33133

\*\*\*\*\*

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

R.P. ALEDON

3.8.13  
Date

Signature/Incorporator

R.P. ALEDON

3.8.13  
Date

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