

P13000027979

(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:

Office Use Only



200246038292

03/26/13--01010--001 **128.75

SECRETARY OF STATE
TALLAHASSEE FLORIDA

13 MAR 26 PM 1:11

FILED

COVER LETTER

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

SUBJECT: _____

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
-----------------------	---------

C J Audit Inc.

Name (printed or typed)

2701 N. Ocean Blvd., #E209

Address

Boca Raton, Florida 33431

City, State & Zip

305-854-0800

Daytime Telephone Number

esoto@wsh-law.com

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

FILED
13 MAR 26 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DOMESTICATION

The undersigned, Alan Schor, President,
(Name) (Title)

of C J Audit 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 June 11, 1995.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was New Jersey.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was C J Audit 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 C J Audit 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 East Brunswick, Jew Jersey.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President, of C J Audit Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 5 day of MARCH, 2013



(Authorized Signature)

13 MAR 26 PM 1:11
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

C J Audit Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

2701 N. Ocean Blvd., #E-209

2701 N. Ocean Blvd., #E-209

Boca Raton, Florida 33431

Boca Raton, Florida 33431

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Any lawful purpose

18 MAR 26 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

President, Alan Schor

2701 N. Ocean Blvd., #E-209

Boca Raton, Florida 33431

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

13 MAR 26 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Eduardo M. Soto, Esq.
2525 Ponce de Leon Blvd., #700
Coral Gables, Florida 33134

ARTICLE VII INCORPORATOR

THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

Alan Schor
2701 N. Ocean Blvd., #E209
Boca Raton, Florida 33431

**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

Date

Signature/Incorporator

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 MAR 26 PM 1:12

FILED