# P/3000059727

(Requestor's Name)  (Address)	700249474457
(City/State/Zip/Phone #)	07/11/1301011004 **137.50
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:  PEMOVEO D/B/A TERMIN-  OLOGY FIZOM DEPLICATION  PER TELEPHONE CONVERSE  WITH KIMBERLEY COLVARD	13 JUL II PH 3: 43 SECRETARY OF STATE FALLAHASSEE, FLORIDA

Office Use Only

9 07/17/13

### **COVER LETTER**

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

SUBJECT: Domestication of Georgia Corp. to become Fl. Corp.

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

Colvard Management Consultants, Inc. D/B/A Kimberley A. Colvard-Oberholtzer

Name (printed or typed)

726 SW 52nd Street

Address

Cape Coral, FL 33914

City, State & Zip

404-547-0866

Daytime Telephone Number

KimOberholtzer@me.com

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

## **CERTIFICATE OF DOMESTICATION**

Th	e undersigned, Kimberley Colvard Oberholtzer	President	,	
	(Name)	(Title)		
of	Colvard Management Consultants, Inc. (Corporation Name)	a for	eign corporation,	
in	accordance with s. 607.1801, Florida Statutes, does hereb	y certify:		
1.	The date on which corporation was first formed was Ma	ıy 1	<u>1991</u> .	
2.	The jurisdiction where the above named corporation was came into being was Avondale Estates, Georgia	first formed, incorpora	ted, or otherwise	
3.	The name of the corporation immediately prior to the filing of this Certificate of Domestication was Colvard Management Consultants, 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 Colvard Management Consultants, 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 Georgia			
	Attached are Florida articles of incorporation to complete to s. 607.1801.	·	uirements pursuant	
I aı	m Kimberley Colvard Oberholtzer, of Colvard Management C	onsultants, inc.		
	d am authorized to sign this Certificate of Domestication of this the 8th day of July	on behalf of the corpora	tion and have done 2013	
	A CAUL TUBE (Authorized Signatu	11	ī.	
	Filing Fee: Certificate of Domestication Articles of Incorporation and Certified Total to domesticate and file	\$ 50.00 \$ 78.75 \$128.75	13 JUL 11 PM 3: 4: SECNETARY OF STATE FALLAHASSEE: FLORG	

# ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME THE NAME OF THE CORPORATION SHALL BE:		
Colvard Management Consultants, Inc.		
ARTICLE II PRINCIPAL OFFICE  THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS: Principal Address 726 SW 52nd Street	Mailing Address 726 SW 52nd Street	
Cape Coral, FL 33419	Cape Coral, FL 33419	
ARTICLE III PURPOSE THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZA Business Consulting, Writer, Sp		

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES THE NUMBER OF SHARES OF STOCK IS:  ARTICLE V INITIAL DIRECTORS AND/O THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Title/Name	Title/Name	
President - Kim Colvard Oberholtzer	Sec Kim Colvard Oberholtzer	
726 SW 52nd Street	726 SW 52nd Street	
Cape Coral, FL 33914	Cape Coral, FL 33914	
Title/Name	Title/Name	
Title/Name	Title/Name	
Title/Name	Title/Name	

ARTICLE VI INITIAL REGISTERED	AGENT AND STREET ADDRESS
THE NAME AND FLORIDA STREET ADDRESS (P.O. BO)	
Kimberley Colvard Oberholtzer	
726 SW 52nd Street	
Cape Coral, FL 33914	
ARTICLE VII INCORPORATOR THE NAME AND ADDRESS OF THE INCORPORATOR IS:	
Kimberley Colvard	
726 SW 52nd Street	

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 APPOINMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

Signature/Registereri Agent

Cape Coral, FL 33914

Signature/Incorporator

<u>7-8-13</u>

Date

7-8-13

Date

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SECRETARY OF STATE