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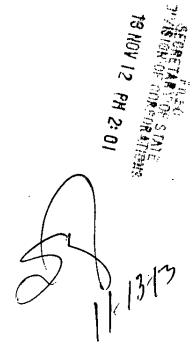
(Requestor's Name)		
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(Address)		
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PICK-UP WAIT MAIL		
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COVER LETTER

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

SUBJECT: Domestication of Veterans Print Management, 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

Veterans Print Management, Inc.

Name (printed or typed)

355 Windrush Loop

Address

Tarpon Springs, FL 34689

City, State & Zip

630-410-0260

Daytime Telephone Number

jim@phoenix-veteransprint.com

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

CERTIFICATE OF DOMESTICATION

The undersigned, James Capuano	President	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
(Name)	(Title)	
of Veterans Print Management, Inc.	a for	eign corporation,
(Corporation Name) in accordance with s. 607.1801, Florida Statutes,	, does hereby certify:	
1. The date on which corporation was first form	ned was May 28	, 2003
2. The jurisdiction where the above named corporate into being was Illinois	poration was first formed, incorpora	ited, or otherwise
 The name of the corporation immediately pri was Veterans Print Management, Inc. 		Domestication .
4. The name of the corporation, as set forth in its. 607.0202 and 607.0401 with this certificat	-	_
5. The jurisdiction that constituted the seat, sieg administration of the corporation, or any other immediately before the filing of the Certifica Illinois	er equivalent jurisdiction under app	
6. Attached are Florida articles of incorporation to s. 607.1801.	n to complete the domestication req	uirements pursuant
I am President , of Veterans Prin	t Management, Inc.	
and am authorized to sign this Certificate of Don	nestication on behalf of the corpora	
so this the 30th day of October		, 2013
(Author	Maco ized 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.

13 NOV 12 PM 2.0.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

:	
Mailing Address 355 Windrush Loop	
ZED:	

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 1,000,000.00

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

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

Title/Name James J. Capuano, President	Title/Name
355 Windrush Loop	
Tarpon Springs, FL 34689	
Title/Name	Title/Name
Title/Name	Title/Name
Title/Name	Title/Name

ARTICLE VI INITIAL REGISTERED	AGENT AND STREET ADDRESS
THE <u>NAME AND FLORIDA STREET ADDRESS</u> (P.O. BO	OX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:
James J. Capuano	
355 Windrush Loop	
Tarpon Springs, FL 34689	
ARTICLE VII INCORPORATOR THE NAME AND ADDRESS OF THE INCORPORATOR IS.	•
James J. Capuano	
355 Windrush Loop	
Tarpon Springs, FL 34689	
***********	*************
	ND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE TED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND ENT AND AGREE TO ACT IN THIS CAPACITY.
Signature/Registered Agent	(8) 11 - 4-123 Date
Signature/Incorporator	@ 11-6-13 Date
V	