

P140000006862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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## COVER LETTER

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

**SUBJECT:** The IDP Group, Inc. - Fed ID # 26-4055727

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 |
|-----------------------|---------|

\_\_\_\_\_  
Name (printed or typed)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Daytime Telephone Number

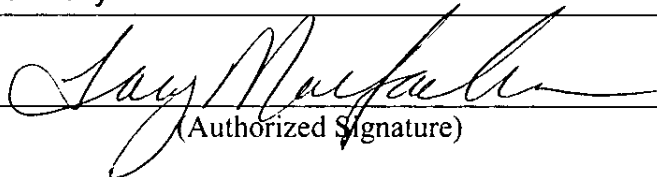
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

## CERTIFICATE OF DOMESTICATION

The undersigned, Tracy Mack-Jackson, President  
(Name) (Title)  
of The IDP Group, 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 January 5, 2009.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was New York State.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was The IDP Group, 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 The IDP Group, 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 New York.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am the president, of The IDP Group, Inc.  
and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 7 day of January, 2014.

✓   
(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.*

**ARTICLE I    NAME**

*THE NAME OF THE CORPORATION SHALL BE:*

The IDP Group, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

*THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:*

Principal Address

10813 Via Capri Lane  
Clermont, FL 34711

Mailing Address

10813 Via Capri Lane  
Clermont, FL 34711

**ARTICLE III    PURPOSE**

*THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:*

Consulting/Computers

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JAN 16 PM 4:11  
CLERK OF DISTRICT COURT  
CLERK OF DISTRICT COURT  
CLERK OF DISTRICT COURT

**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

Tracy Mack-Jackson, President

10813 Via Capri Lane

Clermont, FL 34711

Title/Name

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. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Tracy Mack-Jackson, President

10813 Via Capri Lane

Clermont, FL 34711

## **ARTICLE VII INCORPORATOR**

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

Tracy Mack-Jackson, President

10813 Via Capri Lane

Clermont, FL 34711

14 JAN 16 PM 4:11  
STATIONER  
FLORIDA

\*\*\*\*\*

**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.**

✓ Greg M. Mankin  
Signature/Registered Agent

Signature / Registered Agent

January 7, 2014

Date \_\_\_\_\_

Signature/Registered Agent

✓ Greg M. Parker

Signature/Incorporator

Signature/Incorporator

January 7, 2014

Date \_\_\_\_\_