## P.1400026910

(Re	equestor's Name)	•
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies		of Status
Special Instructions to Filing Officer:		
!		

Office Use Only



600257771566

03/24/14--01032--033 \*\*128.75

SERVICIARY OF BLACKS
STYRESION OF ESTADORISCHE

14 MAR 24 PM I2: 49

A Justil

## **COVER LETTER**

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

SUBJECT: Domestication of alien AZ Corporation Ventanas con Vistas Builders 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				
Ventanas con Vistas Builders Inc Name (printed or typed)				
Name (printed or typed)				
3112 So. Fonte Vedra Blvd.				
Address				
Ponte Vedra Beach FZ 32082				
City, State & Zip				
904 686 1203				
Daytime Telephone Number				
tony Kippes @ comcast, net  E-mail address: (to be used for future annual report notification)				
1/01/huildoxinc@comcast. net				

CERTIFICATE OF DOMESTICATION 14 MAR CONTROL OF THE PROPERTY OF
The undersigned, Anthony J. Rippes, President
of Ventanas con Vistas Builders, 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 September 13, 1997.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Ventanas con Vistas Builders, 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 Venturas con Vistas  Buildus, 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 Ponte Vedra Beach, St. Johns County, FL.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.
1 am President, of Ventanas con Vistas Builders, Inc
and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done
so this the $\frac{7th}{day}$ of $\frac{14}{2014}$ .
X Manuthonized Signature)
Filing Fee: Certificate of Domestication \$ 50.00 Articles of Incorporation and Certified Copy \$ 78.75

\$128.75

Total to domesticate and file

ARTICLES OF INCORPORATION SEGRETARY OF COMPLIANCE WITH CHAPTER 607, F. SSION OF CORPORATION. THE NAME OF THE CORPORATION SHALL BE: Ventanas con Vistas Builders, Inc. ARTICLE II PRINCIPAL OFFICE THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS: Principal Address Mailing Address 3112 So. Ponte Vedra Blud. Same Ponte Vedra Beach FZ 32082 ARTICLE III **PURPOSE** THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED: business

THE NUMBER OF SHARES OF STOCK IS:	000		
ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:			
Title/Name	Title/Name		
Anthony J. Kippes			
President, owner,			
Anthony J. Kippes President, owner, sole shareholder			
Title/Name	Title/Name		
*			
Title/Name	Title/Name		
1			
Title/Name	Title/Name		

ARTICLE IV SHARES

ARTICLE VI INITIAL REGISTERED AGENT AND STR	EET ADDRESS
THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF	THE REGISTERED AGENT IS:
Anthony J. Kippes 3/12 So. Ponte Vedra Blud. Fonte Vedra Beach Fr 32082	
ARTICLE VII INCORPORATOR	
THE NAME AND ADDRESS OF THE INCORPORATOR IS:	
Anthony J. Kippes	
3112 So. Ponte Vedra Bl.	
Ponte Vedra Beach FL 32082	
**************	****
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE	E OF PROCESS FOR THE ABOVE
STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICA	TE, I AM FAMILIAR WITH AND
ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO AC	T IN THIS CAPACITY.
	3-7-2014
Signature/Registered gent	Date
	2 1 2.11/
WINNIE -	3-7-2014
Signature/Incorporator	Date