# P14000044319

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	<del>:</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies		of Status
Special Instructions to	Filing Officer:	

Office Use Only



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#### **COVER LETTER**

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

SUBJECT:

Domestication and Incorporation in Florida from Kentucky

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

Kacy Whalen

Name (printed or typed)

820 45th Ave N

Address

Saint Petersburg, FL 33703

City, State & Zip

727.776.3555

Daytime Telephone Number

whalenkcj@gmail.com

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

CERTIFICATE OF DOME	ESTICATION SECRETARY OF STATE
The undersigned, Kacy Whalen	President (Title) - PM 12: 3त
(Name)	(Title) FM 12: 3n'
of Fiveleaf IT Consulting, Inc.	a foreign corporation,
(Corporation Name) in accordance with s. 607.1801, Florida Statutes, does hereb	by certify:
1. The date on which corporation was first formed was Ju	uly 18th , 2013 .
2. The jurisdiction where the above named corporation was came into being was Kentucky	s first formed, incorporated, or otherwise
3. The name of the corporation immediately prior to the fill was Fiveleaf IT Consulting, Inc.	ling of this Certificate of Domestication
4. The name of the corporation, as set forth in its articles of s. 607.0202 and 607.0401 with this certificate is Fivel	
5. The jurisdiction that constituted the seat, siege social, or administration of the corporation, or any other equivalent immediately before the filing of the Certificate of Dome Kentucky	nt jurisdiction under applicable law,
6. Attached are Florida articles of incorporation to complet to s. 607.1801.	te the domestication requirements pursuant
I am Kacy Whalen , of Fiveleaf IT, Inc.	· · · · · · · · · · · · · · · · · · ·
and am authorized to sign this Certificate of Domestication	on behalf of the corporation and have done
so this the 1/1+ day of March	, 2014.
(Authorized Signatu	
(Authorized Signate	
Filing Fee:	
Certificate of Domestication	\$ 50.00

Articles of Incorporation and Certified Copy Total to domesticate and file

\$ 78.75 \$128.75

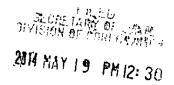
# ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE	I	NAME
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THE NAME OF THE CORPORATION SHALL BE:

Fiveleaf IT, Inc.



THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS Principal Address 820 45th Ave N	Mailing Address 820 45th Ave N
620 45th Ave in	020 4301 AVE IV
Saint Petersburg, FL 33703	Saint Petersburg, FL 33703
ARTICLE III PURPOSE	
THE PURPOSE FOR WHICH THE CORPORATION IS ORGAN.  IT services firm offering a	

ARTICLE 1	IV S	SHARES

THE NUMBER OF SHARES OF STOCK IS:

1000

<u>RECTORS AND/ OR OFFICE</u>	<u>INITIAL DIF</u>	<u>v</u>	<u>ARTICLE</u>
<u>RECTORS AND/ OR OFFICE</u>	INITIAL DIF	<u>v</u>	<u>ARTICLE</u>

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

President / Kacy Whalen 820 45th Ave N Saint Petersburg, FL 33703	Title/Name
Title/Name	Title/Name
Title/Name	Title/Name
Title/Name	Title/Name
,	

#### INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Kacy	Whaler
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820 45th Ave N

Saint Petersburg, FL 33703

## ARTICLE VII INCORPORATOR

The <u>name and address</u> of the incorporator is:

Kacy Whalen

820 45th Ave N

Saint Petersburg, FL 33703

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE,  $oldsymbol{I}$  AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

Signature/Registered Agent