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

CERTIFICAR OF IUMEST ICATION SUBJECT:

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 ASCENSION PROPERTIES, Name (printed or typed) 319 SOMELSET AVENUE Address SALASUTA, FL 34243 City, State & Zip 941 - 735 - 0557 Daytime Telephone Number E-mail address: (to be used for future annual report notification)

INHS53 (12/12)

CERTIFICATE OF DOMESTICATION

The	e undersigned,	John	m.	PHILDON	T, Pa	2ESIDEM	-	,
		((Name)			(Title)		_
of_	A.scen	<u>SION</u> (Corporatio			INC.	a foreig	in corporation	١,
in a	accordance with s	s. 607.1801, Flo	orida Sta	atutes, does he	reby certify:			
1.	The date on whi	ch corporation	was firs	st formed was	MARCH	+ 10	, 2009	
2.	The jurisdiction came into being			•		-		
3.	The name of the was <u>A</u> :	•			-			
4.	The name of the s. 607.0202 and							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 $COLURADO$							
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.								
I ai	m_PRESIDE	017_, of	Ase	ENSION	PROPERT	IES, I	I.C.	
and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done								one
so	this the <u>30th</u> da	y of <i>MAY</i>	I	. <u></u>			2014	·
			n M	uthorized Sig	PRES			
		\bigcup		0			14 JUN SECRET/	 1
		Certificate of Articles of Inc Total to dome	corpora	tion and Cer		\$ 50.00 <u>\$ 78.75</u> \$128.75	N - 2 PH 3 09 [ARY OF STATE Assee, Florida	-ILED

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ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

14 JUN -2 PM 3.09 THE NAME OF THE CORPORATION SHALL BE: SECRETARY OF STATE ASCENSION PROPERTIES, INC. LAHASSEE, FLORIDA ARTICLE II PRINCIPAL OFFICE THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS: **Principal Address** Mailing Address 319 Somerser Avenue 319 SOMERSET Ave SARASOTTA, FL 34243 SARASOTA, FL 34243 ARTICLE III PURPOSE THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED: ANY AND ALL LEGAL ENTER PRISES.

ARTICLE I NAME

FILED

ARTICLE IV SHARES

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THE NUMBER OF SHARES OF STOCK IS: ______

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

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

Title/Name	Title/Name
PRESIDENT / JUTIN M. PHILIPO	
319 SOMERSET AVENUE	
SARASOTA, FL 34243	
Title/Name	Title/Name
CHEIF EXECUTIVE OFFICER DEBLA A. GENUA	
SARAJOTA, FL 34243	
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:

JOHN M. PHILPOTT 319 SOMERSET AVENUE SARAJOTA, FL 34243

ARTICLE VII INCORPORATOR THE NAME AND ADDRESS OF THE INCORPORATOR IS:

John M. PHILPOTT 319 SOMELSET AVENUE SACASOTA, FL 34243

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 BEGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

Signature Registered Agent Signature/ Incorporator

<u>5/30/20</u>14 5/30/2014 Date

Date

