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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

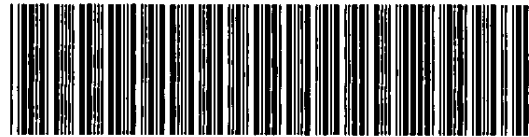
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Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

07/30/14

## COVER LETTER

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

**SUBJECT:** Domestication of Brooklyn Workshop, 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
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\_\_\_\_\_  
Name (printed or typed)

\_\_\_\_\_  
Address

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

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

akarpman@brooklynworkshop.com  
E-mail address: (to be used for future annual report notification)

## CERTIFICATE OF DOMESTICATION

The undersigned, Alon Karpman, Owner,  
(Name) (Title)

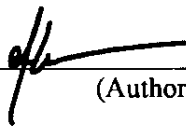
of Brooklyn Workshop, Inc. a foreign corporation,  
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was June 01, 2009.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was New York.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Brooklyn Workshop, 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 Brooklyn Workshop, 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 19900 E. Country Club Dr. #402, Miami FL 33180.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Alon Karpman, of Brooklyn Workshop, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 22nd day of July, 2014.



(Authorized Signature)

<b>Filing Fee:</b>	
Certificate of Domestication	<b>\$ 50.00</b>
Articles of Incorporation and Certified Copy	<b>\$ 78.75</b>
Total to domesticate and file	<b>\$128.75</b>

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**ARTICLES OF INCORPORATION**  
*IN COMPLIANCE WITH CHAPTER 607, F.S.*

**ARTICLE I    NAME**

*THE NAME OF THE CORPORATION SHALL BE:*

Brooklyn Workshop, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

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

Principal Address

Mailing Address

19900 E. Country Club Dr. #402

19900 E. Country Club Dr. #402

Miami, FL 33180

Miami, FL 33180

**ARTICLE III    PURPOSE**

*THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:*

The Corporation is organized for the purpose of transacting any or all lawful business for  
corporations organized under the Florida Business Corporation Act, as amended (the "act"),  
of the State of Florida

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HALL COUNTY, FLORIDA

**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

President / Alon Karpman

19900 E. Country Club Dr. #402

Miami, FL 33180

Title/Name

Title/Name

Secretary / Victoria Karpman

19900 E. Country Club Dr. #402

Miami, FL 33180

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

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CLERK OF THE  
CITY OF MIAMI  
MIAMI, FL 33133

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

Victoria Karpman

19900 E. Country Club Dr. #402

Miami, FL 33180

**ARTICLE VII INCORPORATOR**

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Alon Karpman

19900 E. Country Club Dr. #402

Miami, FL 33180

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HALL COUNTY, FLORIDA


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**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.**

  
Signature/Registered Agent

7-22-14

Date

  
Signature/Incorporator

7-22-14

Date