# P14090070019

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#### **COVER LETTER**

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

SUBJECT:	AI	TELECA	DM	Glove,	INC.		
Enclosed is an	original and one			e of Domestication			
FEES:							
Articles	ate of Domestica of Incorporation domesticate and	n and Certified Co	\$ 50 py <u>\$ 75</u> \$128	<u>3.75</u>			
OPTIONAL:							
Certific	ate of Status		\$ 8	.75			
		Name (pr	inted or	typed)			
		A	ddress				
	City, State & Zip						
Daytime Telephone Number							
	E-mail addr	ess: (to be used fo	r future	annual report noti	fication)		

### **CERTIFICATE OF DOMESTICATION**

The undersi	gned, DiDIE/2	STICKEL	. <b>.</b>	CFO.	
	<u> </u>	STICKEL (Name)	<del>-</del> ′ <del> </del>	(Title)	
of $A$	) TELE LO. (Corporation	4 GROP,	inc.	a foreign corporation,	
	ce with s. $607.1801$ , Fl	orida Statutes, does here			
1. The date	e on which corporation	was first formed was	12/07/2	76//	
2. The juri	sdiction where the abo		as first formed, in	ncorporated, or otherwise	
	<u> </u>	mmediately prior to the fi	· <del>=</del>	ficate of Domestication	
4. The nam	ne of the corporation, a	s set forth in its articles	of incorporation,		
adminis immedia 201 f	tration of the corporati ately before the filing of	,	ent jurisdiction un estication was	nder applicable law, TTS BURGH, PA 1	
to s. 607		f incorporation to comple	ete the domestica	ation requirements pursuant	
am <i>Didie</i>	TO STICKEL, of	A) TELOLOGY	GROVE, 11	VC	
	4.			corporation and have done	
so this the <u>/</u>	//71 day of	15, 2014		, , , , , , , , , , , , , , , , , , , ,	٠.
		(Authorized Signa	allul		ı
		(Authorized Signa	<i>o</i>		
		Filing Fee:		12 (m) (m)	ŭ.
		Domestication		\$ 50.00	
	Articles of In	cornoration and Certifi	ied Conv	\$ 78.75	

\$128.75

Total to domesticate and file

## ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I	NAME				
THE NAME OF THE	CORPORATION SHAL	L BE:			
A) 7	ELTOM	GROUP,	inc.		
ARTICLE II	PRINCIPAL OF	FICE			
THE PRINCIPAL PLACE					
Principa	al Address		M	ailing Address	
2332 6,					
2 NO Fre	OOR		ZND)	FLOOR	<u>-</u>
CONAL	GABLES,	FC 33134	Conni	LABLES, F	<u> 23134</u>
ADTICI E III	DIFERENCE				
ARTICLE III THE PURPOSE FOR	WHICH THE CORPO	RATION IS ORGANIZ	ED:		
70 ENGA	GE IN	ANY CA	wful	AcT on	ACTIVITY
For WH	CH CONA	BRATIONS	MAY BO	= DRGAY	1/200
UNDER	THE CAN	of THE	STATE	of From	J'DA
		•			
			<del></del> .		
, , , , , , , , , , , , , , , , , , , , , , , , , , , , , , ,					
	<del></del>				<del></del>
	***				

THE NAME(S) AND ADDRESS(ES) AND SPECIE	
Title/Name	Title/Name
WESLEY LAMBORT	DIDIER STICKEL
PN-3, DENT	DIDIER STICKEL CHIEF FINANCIAL AFFICEN
Title/Name	Title/Name
Title/Name	Title/Name
Title/Name	Title/Name

ARTICLE IV

SHARES

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

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

Divier	STIC	KEZ	<del>_</del>	<del></del>
<u> 2332</u>	GACIANO	ST.,	ZND	FLOOR
CORAL	GABLES	FC	331	34

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

DIDIER STICKEL 2332 GALIANO ST., ZNO FLOOR CORAL GABLES, FL 33134

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

08/11/2014 Date 08/11/2014