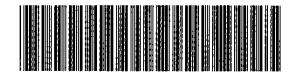
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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JUNEAU OF CORPORATIONS

### **COVER LETTER**

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

SUBJECT: Domestication of Indiana corp to Florida

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

Michael C. Mancini Consulting Services, Inc.

Name (printed or typed)

2799 NW 27th Terrace

Address

Boca Raton, FL 33434

City, State & Zip

561-409-4613

Daytime Telephone Number

astein@manciniconsulting.com

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

# **CERTIFICATE OF DOMESTICATION**

The undersigned, Mic	hael C. Mancini	President	,
<u> </u>	(Name)	(Title)	
of Michael C. Man	cini Consulting Services, Inc.	a foreign o	orporation,
in accordance with s. 6	(Corporation Name) 07.1801, Florida Statutes, does hereb	y certify:	
1. The date on which	corporation was first formed was Ma	arch 19 ,	2003
•	nere the above named corporation was State of Indiana	s first formed, incorporated, o	r otherwise
	rporation immediately prior to the fil Mancini Consulting Services, I		estication .
	rporation, as set forth in its articles of 7.0401 with this certificate is Manc		
administration of the	at constituted the seat, siege social, or ne corporation, or any other equivalen the filing of the Certificate of Dome	t jurisdiction under applicable	<b></b>
6. Attached are Florid to s. 607.1801.	a articles of incorporation to complet	e the domestication requirement	ents pulsuant
I am President	, of Mancini Consulting Ser	vices, Inc.	
- "	ign this Certificate of Domestication of August	on behalf of the corporation a	
Ar	Filing Fee: rtificate of Domestication ticles of Incorporation and Certifie tal to domesticate and file	\$ 50.00 ed Copy \$ 78.75 \$128.75	

# **ARTICLES OF INCORPORATION**

IN COMPLIANCE WITH CHAPTER 607, F.S.

AR'	<b>FICLE</b>	Ι	NAME	۰

THE NAME OF THE CORPORATION SHALL BE:

Mancini Consulting Services, Inc.

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS: Principal Address	Mailing Address		
2799 NW 27th Terrace	2799 NW 27th Terrace		
Boca Raton FL 33434	Boca Raton FL 33434		
		14	
ARTICLE III PURPOSE	-	AUS	Section 1
The purpose for which the corporation is organize  Any and all Lawful Business	ED:	2	100 H
Any and an Lawiui Business		70	
		다. 다.	스크로 - 플로
	_,		
	<u> </u>		

<b>ARTICLE IV</b>	SHARES	100
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 P/T/D, Michael C. Mancini	Title/Name S/D, Tracy Mancini
17288 Boca Club Blvd, #2001	2799 NW 27th Terrace
Boca Raton FL 33487	Boca Raton FL 33434
Title/Name	Title/Name
Title/Name	Title/Name
Title/Name	Title/Name

ARTICLE VI	INITIAL.	REGISTERED	ACENT AND	STREET	ADDRESS
ARIICLE VI	INITIAL	KEGISIEKED	AGENI AND	SIKEEI	VDDVDOO

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

Arik Stein

2799 NW 27th Terrace

Boca Raton FL 33434

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Arik Stein

2799 NW 27th Terrace

Boca Raton FL 33434

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

Signature/Incorporator

8/18/14

Date

8/18/14

Date