

P14000076307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

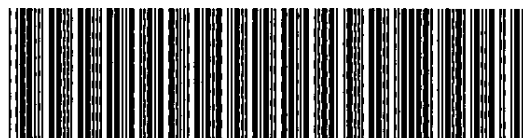
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 SEP 12 PM 2:35

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AND
FILED

1/4

COVER LETTER

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

SUBJECT: Domestication of Stress Relief, 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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Robert Schindler

Name (printed or typed)

11576 157th PI N

Address

Jupiter, FL 33478-6796

City, State & Zip

561-743-4104

Daytime Telephone Number

stressrelief@bellsouth.net

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

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AND
FILED

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CERTIFICATE OF DOMESTICATION

The undersigned, Robert Schindler, President
(Name) (Title) SECRETARY OF STATE
LAURENCE, FLORIDA

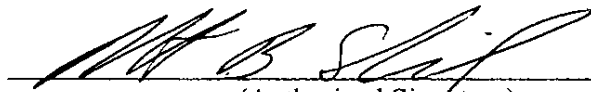
of Stress Relief, Inc a foreign corporation,
(Corporation Name)

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

1. The date on which corporation was first formed was 26 May, 1994.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Wilmington, Delaware.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Stress Relief, 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 Stress Relief, 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 Wilmington, Delaware.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Robert Schindler, of Jupiter, Florida

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 10th day of September, 2014.


(Authorized Signature)

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

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

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Stress Relief, Inc

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

11576 157th PI N

11576 157th PI N

Jupiter, FL 33478-6796

Jupiter, FL 33478-6796

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

The primary purpose of the corporation is to provide engineering and construction services,

but it is also authorized to engage in any lawful act or activity for which corporations may

be organized under the laws of the state of Florida.

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 1000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

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

Title/Name

Robert Schindler

President

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

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AND
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ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Robert Schindler

11576 157th PI N

Jupiter, FL 33478-6796

ARTICLE VII INCORPORATOR

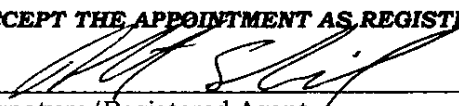
THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

Robert Schindler

11576 157th PI N

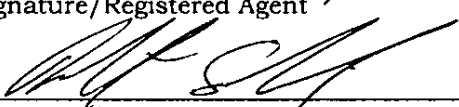
Jupiter, FL 33478-6796

**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

10Sep2014

Date


Signature/Incorporator

10Sep2014

Date