

P14000076 849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

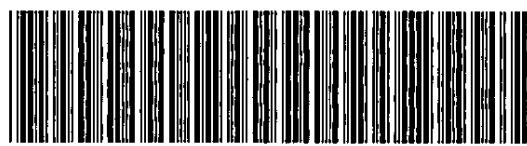
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



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09/15/14--01015--009 ***128.75

2 SEP 15 AM 11:59

Office Use Only

SEP 17 2014
T. SCOTT

COVER LETTER

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

SUBJECT: ARKOS HOLDINGS, 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

ARKOS HOLDINGS, INC

Name (printed or typed)

951 BELLA VISTA AVENUE

Address

CORAL GABLES, FL 33156

City, State & Zip

949-355-4023

Daytime Telephone Number

NNEONAKIS@THEYOUNETWORK.COM

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

CERTIFICATE OF DOMESTICATION

The undersigned, NICHOLAS NEONAKIS, PRESIDENT,
(Name) (Title)

of ARKOS HOLDINGS, INC. a foreign corporation,
(Corporation Name)

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

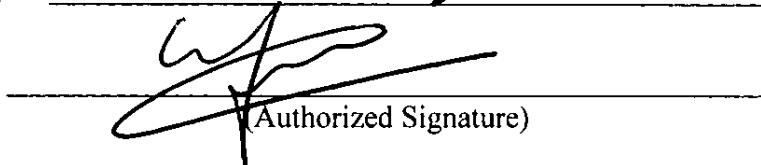
1. The date on which corporation was first formed was MARCH 6, 2008.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was OHIO.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was ARKOS HOLDINGS, 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 ARKOS HOLDINGS, 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 OHIO.

6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am PRESIDENT, of ARKOS HOLDINGS, INC.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 9 day of SEPTEMBER, 2014.



(Authorized Signature)

12 SEP 15 AM 11:59
FLORIDA SECRETARY OF STATE
REGISTRATION AND LICENSING DIVISION
RECEIVED
12 SEP 15 AM 11:59
FLORIDA SECRETARY OF STATE
REGISTRATION AND LICENSING DIVISION

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.

ARTICLE I **NAME**

THE NAME OF THE CORPORATION SHALL BE:

ARKOS HOLDING, INC.

ARTICLE II **PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

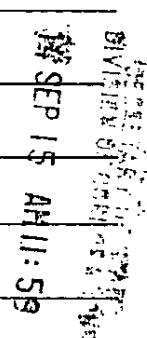
951 BELLA VISTA AVENUE
CORAL GABLES, FL 33156

SAME

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

ANY AND ALL LAWFUL BUSINESS



ARTICLE IV SHARES**480**
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

NICHOLAS NEONAKIS**951 BELLA VISTA AVE****CORAL GABLES, FL 33156**

Title/Name

PRESIDENT**DIRECTOR**

Title/Name

Title/Name

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:

NICHOLAS NEONAKIS
951 BELLA VISTA AVE
CORAL GABLES, FL 33156

ARTICLE VII INCORPORATOR

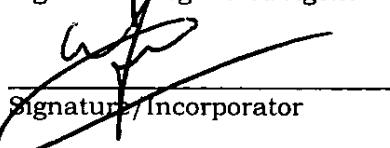
THE NAME AND ADDRESS OF THE INCORPORATOR IS:

NICHOLAS NEONAKIS
951 BELLA VISTA AVE
CORAL GABLES, FL 33156

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

9/9/2014
Date


Signature/ Incorporator

9/9/2014
Date

REVISION OF THIS FORM
IS SUBJECT TO APPROVAL
BY THE FLORIDA
DEPARTMENT OF
STATE
REGISTRATION
AND
NOTICE
OF
THE
APPROVAL
DATE
IS
NOT
TO
BE
CONSIDERED
THE
OFFICIAL
DATE
OF
THE
APPROVAL
OF
THIS
FORM.

SEP 15 AM 11:59