

P14000101665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

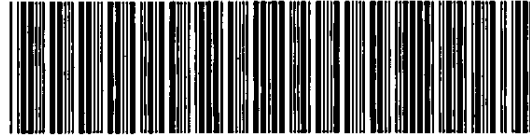
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/22/14--01006--002 **128.75

14 DEC 22 PM 5:16
TALLAHASSEE, FLORIDA
STATE

12/23/14

Stressfree Business Services, Inc.

PO Box 575

Eastpoint, FL 32328

850.661.2995

leerossman@live.com

Consultants in Tax and General Business Matters

December 17, 2014

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Deadon Group, Inc.

Enclosed are the original and one copy of the Certificate of Domestication and Articles of Incorporation together with our check in the amount of \$128.75.

Please accept these for filing. If you have any questions you may contact either Lee Rossman or Barbara Rossman.

Sincerely,

A handwritten signature in black ink, appearing to read "W. Lee Rossman". The signature is fluid and cursive, with the first name "W. Lee" and last name "Rossman" clearly distinguishable.

W. Lee Rossman,

On behalf of the Corporation

COVER LETTER

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

SUBJECT: Deadon Group, Inc. Change of Domestication

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

Deadon Group, Inc.

Name (printed or typed)

PO Box 757

Address

Eastpoint, FL 32328

City, State & Zip

850 651-2995

Daytime Telephone Number

barossman@yahoo.com

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

CERTIFICATE OF DOMESTICATION

The undersigned, Barbara A Rossman, Secretary,
(Name) (Title)

of Deadon Group, 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 December 22, 2011.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was State of Nevada.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Deadon Group, 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 Deadon Group, 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
State of Nevada
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Secretary, of Deadon Group, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 17th day of December, 2014.

Barbara A. Rossman
(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.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Deadon Group, Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

Deadon Group, Inc.

Deadon Group, Inc.

595 US Hwy 98

PO Box 757

Eastpoint, FL 32328

Eastpoint, FL 32328

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

The corporation shall be authorized to conduct any business
permitted pursuant to the Laws of the State of Florida.

14 DEC 22 PM 5:15
FILE
SECRET
FBI MIAMI

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

Director / President

Donald E Furbringer

Title/Name

Title/Name

Director / Vice President / Treasurer

Linda Fuerbringer

Title/Name

Title/Name

Director / Secretary

Barbara A Rossman

Title/Name

Title/Name

Title/Name

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RECORDED
TALLAHASSEE FLORIDA

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Barbara A Rossman

595 US Hwy 98

Eastpoint, FL 32328

ARTICLE VII INCORPORATOR

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

Barbara A Rossman

PO Box 757

Eastpoint, FL 32328

14 DEC 22 PM 5:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Barbara A. Rossman
Signature/Registered Agent

12/15/2014
Date

Barbara A. Rossman
Signature/Incorporator

12/15/2014
Date