

P/5000024131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

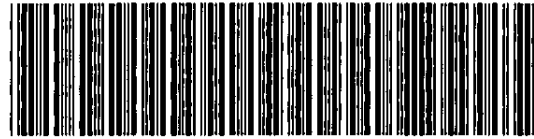
(Document Number)

Certified Copies _____ Certificates of Status _____

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03/12/15--01025--004 **128.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAR 12 PM 3:16

W15-13830

03/12/15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 MAR 11 AM 10:36
SEAL OF THE STATE
TALLAHASSEE, FLORIDA

February 25, 2015

KEFREN ARJONA
19055 GREEN COVE CT.
LOXAHATCHEE, FL 33470

SUBJECT: THE TIME MACHINE PORTRAIT CO.
Ref. Number: W15000013830

We have received your document for THE TIME MACHINE PORTRAIT CO. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Upon receipt, no CHECK or MONEY ORDER was received. Please see the coversheet of the DOMESTICATION for a breakdown of the fees.

If you have any further questions concerning your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 115A00003972

COVER LETTER

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

SUBJECT: The Time Machine Portrait CO.

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

Kefren Arjona

Name (printed or typed)

19055 Green Grove Ct.

Address

Loxahatchee, FL 33470

City, State & Zip

305-409-1199

Daytime Telephone Number

donkefren@hotmail.com

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

CERTIFICATE OF DOMESTICATION

The undersigned, Kefren Arjona, President,
(Name) (Title)

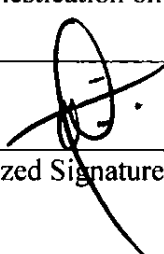
of The Time Machine Portrait CO. a foreign corporation,
(Corporation Name)

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

1. The date on which corporation was first formed was February 15, 2009.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Georgia Secretary of State.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was The Time Machine Portrait CO.
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 The Time Machine Portrait CO.
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 Georgia Secretary of State.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President, of The Time Machine Portrait CO.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 1st. day of January, 2015.


(Authorized Signature)

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

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

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

The Time Machine Portrait CO.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

330 Clematis St. No. 111 (111)

19055 Green Grove Ct.

West Palm Beach, FL 33401

Loxahatchee, FL 33470

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

for entertainment photography

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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

Kefren Arjona, President

19055 Green Grove Ct.

Loxahatchee, Fl 33570

Title/Name

Maria C Arjona, V.P.

19055 Green Grove Ct.

Loxahatchee, Fl 33470

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:

Kefren Arjona

19055 Green Grove Ct.

Loxahatchee, Fl 33470

ARTICLE VII INCORPORATOR

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

Kefren Arjona

19055 Green Grove Ct.

Loxahatchee, Fl 33470

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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

Date

2/19/2015

Signature/Incorporator

Date

2/19/2016