

P15000059845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

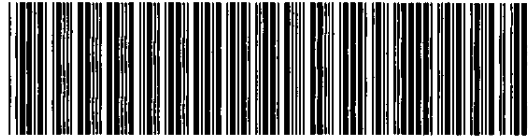
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2015 JUL 13 AM 10:13  
SECRETARY OF STATE  
HARTFORD, CT 06103

7/20/15

## COVER LETTER

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

SUBJECT: 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

Nick Sproull Esq.  
Name (printed or typed)

2202 N. West Shore Blvd #200  
Address

TAMPA FL 33607  
City, State & Zip

813 435 3175  
Daytime Telephone Number

PMPERGETINC@GMail.com  
E-mail address: (to be used for future annual report notification)

## CERTIFICATE OF DOMESTICATION

The undersigned, MARIA PERGE, PRESIDENT,  
(Name) (Title)

of P & M PERGE, 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 JANUARY 20TH, 1993.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was CONNECTICUT.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was P & M PERGE, 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 P & M PERGE, 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 CONNECTICUT.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am PRESIDENT, of P & M PERGE, INC.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 30 day of June, 2015.

Maria Perge

(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:*

P & M PERGE, INC.

**ARTICLE II    PRINCIPAL OFFICE**

*THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:*

Principal Address

Mailing Address

19 Calendula ct

19 Calendula ct

Homosassa FL 34446

Homosassa FL 34446

**ARTICLE III    PURPOSE**

*THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:*

ANY AND ALL LAWFUL BUSINESS

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV    SHARES**

*THE NUMBER OF SHARES OF STOCK IS:* 100 Shares 0 Par Value

**ARTICLE V   INITIAL DIRECTORS AND/ OR OFFICERS**

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

Title/Name

DIRECTOR: Maria Perge

19 Calendula ct

Homosassa FL 34446

Title/Name

DIRECTOR: Peter Perge

19 Calendula ct

Homosassa FL 34446

Title/Name

PRESIDENT: Maria Perge

19 Calendula ct

Homosassa FL 34446

Title/Name

VICE PRESIDENT: Peter Perge

19 Calendula ct

Homosassa FL 34446

Title/Name

SECRETARY: Maria Perge

19 Calendula ct

Homosassa FL 34446

Title/Name

TREASURER: Peter Perge

19 Calendula ct

Homosassa FL 34446

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:**

Peter Perge

19 Calendula ct

Homosassa FL 34446

**ARTICLE VII INCORPORATOR**

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

Peter Perge

19 Calendula ct

Homosassa FL 34446

\*\*\*\*\*  
**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

8/30/2015  
Date

  
Signature/Incorporator

8/30/2015  
Date