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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

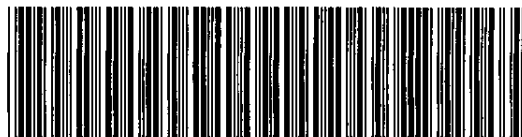
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 JAN 27 PM 3:08

JAN 27 2016

S. PRATHER

**COVER LETTER**

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

**SUBJECT: MICALE MANAGEMENT CORP.**

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

Patrick A. Schilken, PC

Name (printed or typed)

6060 Greenwood Plaza Blvd., Suite 700

Address

Greenwood Village, CO 80111

City, State & Zip

303-220-2886

Daytime Telephone Number

patrick@paslegal.com & mmcbrb@aol.com

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

## CERTIFICATE OF DOMESTICATION

The undersigned, Charles A. Micale, President  
(Name) (Title)

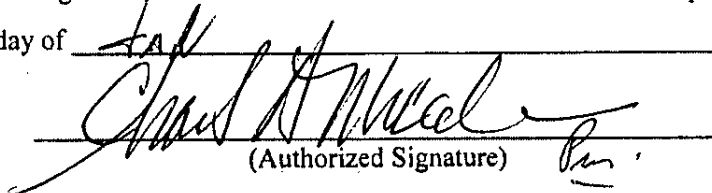
of MICALE MANAGEMENT CORP. a foreign corporation,  
(Corporation Name)

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

1. The date on which corporation was first formed was January 1, 1973.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Delaware.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was MICALE MANAGEMENT CORP.
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 MICALE MANAGEMENT CORP.
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 Delaware.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President, of MICALE MANAGEMENT CORP.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 17 day of Jan, 2016.

  
(Authorized Signature)

### Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
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**ARTICLES OF INCORPORATION**  
*IN COMPLIANCE WITH CHAPTER 607, F.S.*

**ARTICLE I    NAME**

THE NAME OF THE CORPORATION SHALL BE:

MICALE MANAGEMENT CORP.

**ARTICLE II    PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

10242 NW 47 Street

10242 NW 47 Street

Suite 11

Suite 11

Sunrise, FL. 33351

Sunrise, FL. 33351

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**ARTICLE III    PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

The purpose of the corporation is to engage in any lawful act or  
activity for which a corporation may be organized under the Florida  
Business Corporation Act as enacted and including any future  
amendments.

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV    SHARES**

THE NUMBER OF SHARES OF STOCK IS: 1,000

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

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

Title/Name

Charles A. Micale

President & Director

Title/Name

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:**

Barbara Beer

10242 NW 47 Street, Suite 11

Sunrise, FL. 33351

**ARTICLE VII INCORPORATOR**

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

Patrick A. Schilken

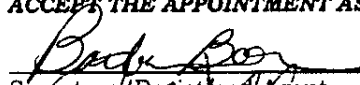
6060 Greenwood Plaza Blvd., Suite 700

Greenwood Village, CO 80111

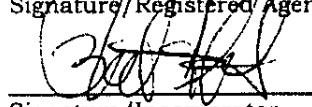
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**HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.**

  
Signature/Registered Agent

1/12/16  
Date

  
Signature/Incorporator

1/19/16  
Date