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SECRETARY OF STATE PLORIDA

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### **COVER LETTER**

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

SUBJECT: Steel Cu	ertain Partners, Inc.		
50DJEC1	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the ar	ticles of incorporation an	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PPY REQUIRED
FROM:	hy J. Eveler, Paralegal, Barley Snyo Nam East Market Street	der, LLP e (Printed or typed)	
		Address	
Yor	k, PA 17401		
	City	, State & Zip	
717	-852-4005		
<del></del>	Daytime 1	Telephone number	
ceve	eler@barley.com		
<del>- in</del>	E-mail address: (to be use	d for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.

# ANTHOVEL FILED

## **CERTIFICATE OF DOMESTICATION**

Th	e undersigned, Kurt R. Weber	President	16 JAN 28 PM 12: 38
	(Name)	(	Title) SECRETARY OF STATE
of.	Steel Curtain Partners, Inc.		a foreign corporation, ORIDA
in a	(Corporation Name) accordance with s. 607.1801, Florida Statutes, does hereby	certify:	-
1.	The date on which corporation was first formed was May	/ 12	<u>, 2009</u> .
2.	The jurisdiction where the above named corporation was came into being was State of Maryland	first formed, inc	corporated, or otherwise
3.	The name of the corporation immediately prior to the filin was Steel Curtain Partners, Inc.	g of this Certifi	cate of Domestication
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 Steel C	Curtain Partne	ers, Inc.
5.	The jurisdiction that constituted the seat, siege social, or padministration of the corporation, or any other equivalent immediately before the filing of the Certificate of Domest State of Maryland	jurisdiction und	
6.	Attached are Florida articles of incorporation to complete to s. 607.1801.	the domesticati	on requirements pursuant
l ar	m President , of Steel Curtain Partners, I	nc.	
anc	d am authorized to sign this Certificate of Domestication or	n behalf of the c	corporation and have done
	this the 27th day of January  (Authorized Signature R. Weber		<u>, 2016</u> .
	Filing Fee:	_	<b>7</b> 0.00
	Certificate of Domestication Articles of Incorporation and Certified	· · · · · · · · · · · · · · · · · · ·	50.00 78.75



ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
In JAN 28 PH 12: 33

KIICLEI NAME	Steel Curtain Partners, In	nc.	*
ne name of the corpora	tion shall be:		SECRETARY OF STATE TALLAHASSEE, FLORIDA
RTICLE II PRINC			
022 Mustana Island C	Principal street address	!	Mailing address, if different is:
932 Mustang Island C	ircie	<del></del>	
aples, FL 34113		_ <del></del>	11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
	** · · · · · · · · · · · · · · · · · ·		
RTICLE III PURPO	OSE he corporation is organized is: any la	wful business	
ne purpose for which t	ne corporation is organized is:		<del> </del>
<del></del>			
	- · · · · · · · · · · · · · · · · · · ·		
	7000-1		
		7,64	The state of the s
• •	AL OFFICERS AND/OR DIRECTOR		Sue A Waher
Name and Title	Kurt R. Weber	Name and Title:	Suc A. Weber
Address	Director/President	Address:	Director/Secretary/Treasurer
radioss	8932 Mustang Island Circle	Audi Coo.	8932 Mustang Island Circle
			OPPE Wildeling Island Circle
	Naples, FL 34113		Naples, FL 34113
		<del></del>	
Name and Title	:	None and Title	
Name and Thie	·	Name and Title:	
Address		Address:	
		<del></del>	
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Name and Title	-	Name and Title:	, '
A 4.4		A 11	
Address		Address:	
		<del></del>	



Name an	d Title:	Name and Title:	16 JAN 28 PM 12: 38
Address		Address: _	SECRETARY OF STATE TALLAHASSEE, FLORIDA
	<u>REGISTERED AGENT</u> <u>lorida street address</u> (P.O. Box NOT acceptable	) of the registered age	nt is:
Name:	Kurt R. Weber	, g	····
Address:	8932 Mustang Island Circle	_	
Addiças,	Naples, FL 34113		
ARTICLE VII	<u>INCORPORATOR</u>		
The <u>name and a</u>	ddress of the Incorporator is:		
Name:	Kurt R. Weber		
Address:	8932 Mustang Island Circle		
	Naples, FL 34113	<del></del>	
Effective date, if (If an effective of days after the fi	•	not be more than fiv	ve business days prior or 90 business
	inserted in this block does not meet the applical ffective date on the Department of State's record		uirements, this date will not be listed a
	ned as registered agent to accept service of proc am familiar with and accept the appointment as		
Duf.	Rullan		January 27 , 2016
Kurt R. We	ber Required Signature/Registered Agent		Date
submit this doc locument to the	rument and affirm that the facts stated herein a Department of State constitutes a third degree fe	re true. I am aware i lony as provided for it	that the false information submitted in n.817.155, F.S.
X1	Kiehler .		January 27 , 2016
Regui	red Signature/Incorporator		Date