

P/60000/5598

(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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DIVISION OF CORPORATIONS
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02/18/16

COVER LETTER

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

SUBJECT: PLAD INC - Certificate of Domestication

(F14-2399)

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
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Name (printed or typed)

Address

City, State & Zip

Daytime Telephone Number

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

CERTIFICATE OF DOMESTICATION

The undersigned, Bobby Clark, CEO,
(Name) (Title)

of PLAD 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 February 12, 2014.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was North Carolina.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was PLAD 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 PLAD 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 Brevard County, FL.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Bobby Clark, of PLAD INC

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 5th day of February, 2016.



(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:

PLAD INC

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

5585 Schenck Ave

5585 Schenck Ave

Suite 5

Suite 5

Rockledge, FL 32955

Rockledge, FL 32955

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Manufacture and sell patient lifting devices

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ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 1000000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

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

Title/Name

CEO/Bobby Clark

5585 Schenck Ave, Suite 5

Rockledge, FL 32955

Title/Name

President/Michael Pannucci

5585 Schenck Ave, Suite 5

Rockledge, FL 32955

Title/Name

Managing Partner/Scott Forsythe

5585 Schenck Ave, Suite 5

Rockledge, FL 32955

Title/Name

Managing Partner/Matthew Nicoletti

5585 Schenck Ave, Suite 5

Rockledge, FL 32955

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:

Bobby Clark

5585 Schenck Ave, Suite 5

Rockledge, FL 32955

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Bobby Clark

4127 San Ysidro Way

Rockledge, FL 32955

**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

2/5/2016

Date



Signature/Incorporator

2/5/2016

Date

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