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(Requestor's Name)

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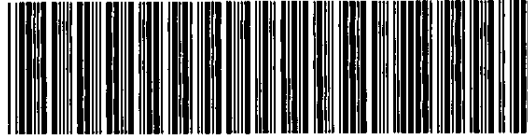
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02-23-15  
7

## COVER LETTER

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

**SUBJECT:** A2M BIO, INC.  
\_\_\_\_\_

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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A2M BIO, INC.

\_\_\_\_\_  
Name (printed or typed)

6900 DANIELS PKWY, SUITE 29, PMB 197

\_\_\_\_\_  
Address

FORT MYERS, FL 33912

\_\_\_\_\_  
City, State & Zip

310-699-8001

\_\_\_\_\_  
Daytime Telephone Number

ACCOUNTING@A2MBIO.COM

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

## CERTIFICATE OF DOMESTICATION

The undersigned, ANGEL OLIFERUK, PRESIDENT & CEO,  
(Name) (Title)

of A2M BIO, 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 MARCH 3 2015.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was WYOMING.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was A2M BIO, 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 A2M BIO, 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 1712 PIONEER AVE, STE 6020A, CHEYENNE, WY 82001
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am PRESIDENT, of A2M BIO, INC.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 10 day of FEBRUARY 2016

Angel Oliferuk  
(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:

**A2M BIO, INC.**

## **ARTICLE II    PRINCIPAL OFFICE**

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

## Principal Address

6900 DANIELS PKWY, SUITE 29, PMB 197

FORT MYERS, FL 33912

### Mailing Address

6900 DANIELS PKWY,SUITE 29,PMB 197

FORT MYERS, FL 33912

### **ARTICLE III PURPOSE**

**THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:**

## MEDICAL DISTRIBUTIONSHIP

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TALLAHASSEE, FLORIDA

**ARTICLE IV    SHARES**

10,000

THE NUMBER OF SHARES OF STOCK IS: \_\_\_\_\_

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

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

Title/Name

ANGEL OLIFERUK

PRESIDENT & CEO

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

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TALLAHASSEE, FLORIDA

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT IS:

ANGEL OLIFERUK

738 FARGO DR

FORT MYERS, FL 33913

**ARTICLE VII INCORPORATOR**

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

ANGEL OLIFERUK

6900 DANIELS PKWY, SUITE 29, PMB 197

FORT MYERS, FL 33912

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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.**

Angel Oliferuk  
Signature/Registered Agent

2/10/2016  
Date

Angel Oliferuk  
Signature/Incorporator

2/10/2016  
Date