

P16000016775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

No Charge due to incorrect  
info provided on behalf of  
this office - filed for  
qual - rather than domestication.

Office Use Only



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FILED  
2016 FEB 23 PM 3:58  
FBI - TAMPA  
FBI - TAMPA

2/23

## 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 | \$ <u>78.75</u> |
| Total to domesticate and file                | \$128.75        |

**OPTIONAL:**

|                       |         |
|-----------------------|---------|
| Certificate of Status | \$ 8.75 |
|-----------------------|---------|

**MARY ASTA**

Name (printed or typed)

**2815 Cypress Trace Circle #204**

Address

**Naples, FL 34119**

City, State & Zip

**239-948-5894**

Daytime Telephone Number

**maryasta@brush-eeze.com**

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

## CERTIFICATE OF DOMESTICATION

The undersigned, Mary Asta, President,  
(Name) (Title)

of Master Poe Productions, 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 June 19th, 1997.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was New York.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Master Poe Productions, 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 Master Poe Innovations, 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 New York.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President, of Master Poe Productions, Inc

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 23 day of February, 2016.

Mary Asta  
(Authorized Signature)

| Filing Fee:                                  |          |
|--|----------|
| Certificate of Domestication                 | \$ 50.00 |
| Articles of Incorporation and Certified Copy | \$ 78.75 |
| Total to domesticate and file                | \$128.75 |

2016 FEB 23 PM 3:58  
CLERK OF COURT  
TALLAHASSEE FLORIDA

**ARTICLES OF INCORPORATION**  
*IN COMPLIANCE WITH CHAPTER 607, F.S.*

FILED  
2016 FEB 23 PM 3:58  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I    NAME**

THE NAME OF THE CORPORATION SHALL BE:

Master Poe Innovations, Inc

**ARTICLE II    PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

2815 Cypress Trace Circle

2815 Cypress Trace Circle

Suite 204

Suite 204

Naples, FL 34119

Naples, FL 34119

**ARTICLE III    PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Developing, marketing and consulting on new consumer products and services. Creating with peaceful, methodical planning and innovative solutions and programs

**ARTICLE IV    SHARES**

THE NUMBER OF SHARES OF STOCK IS:

200

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

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

Title/Name

President/Mary Asta

2815 Cypress Trace Circle #204

Naples, FL 34119

Title/Name

Title/Name

CFO/Justin Land

2815 Cypress Trace Circle #204

Naples, FL 34119

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:

Mary Asta

2815 Cypress Trace Circle #204

Naples, FL 3411

**ARTICLE VII INCORPORATOR**

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

Mary Asta

2815 Cypress Trace Circle #204

Naples, FL 34119

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2016 FEB 23 PM 3:55  
TALLAHASSEE FLORIDA

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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.**

*Mary Asta*

Signature/Registered Agent

2/23/2016

Date

*Mary Asta*

Signature/Incorporator

2/23/2016

Date