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 Change due to incorrect who provided on behalf of this office free free. and rather man Domesticate and Tourner man Domesticate	<u> </u>



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Mm 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 \$ 78.75

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 undersign		_{ed,} Mary Asta	President	•		
	9	(Name)	(Title)	-		
of	Master P	pe Productions, Inc	a foreig	gn corporation,		
in a	ecordance	(Corporation Name) with s. 607.1801, Florida Statutes, does hereb	by certify:			
l.	The date of	which corporation was first formed was Ju	ine 19th	_, <u>1997</u>		
2.	_	being was New York				
3.		of the corporation immediately prior to the filing of this Certificate of Domestication ster Poe Productions, Inc				
4.		of the corporation, as set forth in its articles of incorporation, to be filed pursuant to and 607.0401 with this certificate is Master Poe Innovations, Inc				
5.	administra	diction that constituted the seat, siege social, or principal place of business or central ration of the corporation, or any other equivalent jurisdiction under applicable law, rely before the filing of the Certificate of Domestication was				
	to s. 607.1					
	m Preside					
		lized to sign this Certificate of Domestication day of February		2016		
		May Was (Authorized Signa	ture)			
		Filing Fee: Certificate of Domestication Articles of Incorporation and Certificate to domesticate and file	\$ 50.00 \$ 78.75 \$128.75	E23 PH 3: 58		

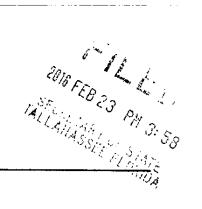
ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ART	ICLE I	NAME

THE NAME OF THE CORPORATION SHALL BE:

Master Poe Innovations, Inc.



ARTICLE II PRINCIPAL OFFICE	
THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS Principal Address	is: 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 ORGA	NIZED:
Developing, marketing and consulting on new consumer products and services. C	creating with peaceful, methodical planning and innovative solutions and programs
<u> </u>	· · · · · · · · · · · · · · · · · · ·

ARTICLE IV SHARES THE NUMBER OF SHARES OF STOCK IS: 200



ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES: Title/Name Title/Name President/Mary Asta 2815 Cypress Trace Cirlce #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 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 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 OINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. 2/23/2016 Date 2/23/2016 Date

INITIAL REGISTERED AGENT AND STREET ADDRESS