

P16000081849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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16 OCT -6 AM 11:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

10/7/16

COVER LETTER

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

SUBJECT: domestication of: SprayFoam.Com, 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

NICKOLAS J. SPRADLIN ESQ.

Name (printed or typed)

2202 N. WEST SHORE BLVD. #200

Address

TAMPA, FL 33607

City, State & Zip

813-435-3176

Daytime Telephone Number

NS@NICKSPRADLIN.COM

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

CERTIFICATE OF DOMESTICATION

The undersigned, DOUGLAS S. COMMETTE, DIRECTOR,
(Name) (Title)


of SprayFoam.Com, 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 01/08/, 2008.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was NEW JERSEY.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was SprayFoam.Com, 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 SprayFoam.Com, 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 JERSEY.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am DIRECTOR, of SprayFoam.Com, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 26 day of SEPTEMBER, 2016.


(Authorized Signature)

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

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

SprayFoam.Com, Inc.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

18896 Point Dr, Tequesta FL 33469

18896 Point Dr, Tequesta FL 33469

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

'Any and all lawful business'

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 1000 shares at \$0.00 par value

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

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

Title/Name

Director: Douglas S. Commette

18896 Point Dr, Tequesta FL 33469

Title/Name

Secretary: Margo Commette

18896 Point Dr, Tequesta FL 33469

Title/Name

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:*

MARGO COMMETTE

18896 Point Dr, Tequesta FL 33469

ARTICLE VII INCORPORATOR

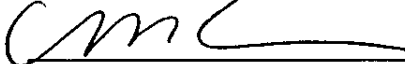
*THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:*

DOUGLAS S. COMMETTE

18896 Point Dr, Tequesta FL 33469

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TALLAHASSEE FLORIDA

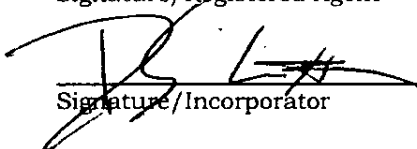
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.



Signature/Registered Agent

09/28/2016

Date



Signature/Incorporator

09/28/2016

Date