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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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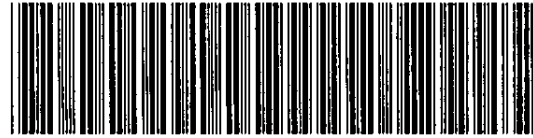
(Business Entity Name)

(Document Number)

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

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17 MAR -1 PM 12:25

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

03/02/17

**COVER LETTER**

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

**SUBJECT:** Versailles Systems Management, 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

Versailles Systems Management, Inc.

Name (printed or typed)

7213 Cheshire Ct.

Address

Hudson, FL 34667

City, State & Zip

727-857-7078

Daytime Telephone Number

fwvsminc@aol.com

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

## CERTIFICATE OF DOMESTICATION

The undersigned, Frank W. Versaw, President,  
(Name) (Title)

of Versailles System Management, Inc. a foreign corporation,  
(Corporation Name)

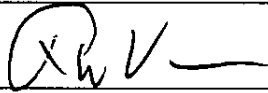
in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was 24 December, 1998.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was State of Colorado.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Versailles System Management, 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 Versailles System Management, 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 State of Colorado.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Frank W. Versaw, of Versailles System Management, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done

so this the 27th day of February, 2017.



(Authorized Signature)

### Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

FILED  
17 MAR - 1 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I    NAME**

*THE NAME OF THE CORPORATION SHALL BE:*

Versailles System Management, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

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

Principal Address

Mailing Address

7213 Cheshire Ct., Hudson, FL 34667

7213 Cheshire Ct., Hudson, FL 34667

**ARTICLE III    PURPOSE**

*THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:*

To engage in the business of Business, Contract Management, and Scheduling services consulting

**ARTICLE IV    SHARES**

THE NUMBER OF SHARES OF STOCK IS: 100

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

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

Title/Name

Frank W. Versaw, President

7213 Cheshire Ct., Hudson, FL 34667

Title/Name

Title/Name

Tammy S. Versaw, VP/Sec/Treas

7213 Cheshire Ct., Hudson, FL 34667

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:

Frank W. Versw

7213 Cheshire Ct., Hudson, FL 34667

**ARTICLE VII INCORPORATOR**


THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Frank W. Versaw

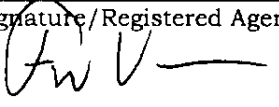
7213 Cheshire Ct., Hudson, FL 34667

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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.**

  
\_\_\_\_\_  
Signature/Registered Agent

27 FEB 17  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

27 Feb 17  
\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA