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(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busir	ness Entity Nar	me)
(Docu	ment Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



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COVER LETTER

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

SUBJECT: Change NY CORP to FL

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

Rubens Consulting Inc
Name (printed or typed)

5810 Kids Crossing Dr
Address Apt 109

Lidhia LL 33547

Cityl State & Zip

Paytime Telephone Number

Rubens Inaba Camail. Com
E-mail address: (to be used for future annual report notification)

CERTIFICATE OF DOMESTICATION in accordance with s. 607.1801, Florida Statutes, does hereby certify: 2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was New York K 3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Rubens Consulting 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 Rubens Consulting 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 YURK 6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801. Rubens Consulting and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the Gay of march rized 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.

THE NAME OF THE CORPORATION SHALL BE:	
Rubens Consulting	Tino
ARTICLE II PRINCIPAL OFFICE	
ARTICLE II PRINCIPAL OFFICE THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS: Principal Address Mailing Address	
5810 Kids Crossing DR Apt 109 Lithia FL 33547	
Lithia FL 33547	F 5 17
s,	HAR
	0
	3 2
ARTICLE III PURPOSE	FLORI
THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:	D _{E1} , D,
All Lawful Business	
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ARTICLE IV SHARES	-) <i>-</i> -	™ (:		
THE NUMBER OF SHARES OF STOCK IS:		7 MAR		
ARTICLE V INITIAL DIRECTORS AND/O	R OFFICERS	Fig.		
THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:				
Title/Name	Title/Name	15: 15		
Rubons Inaba Pres	ident			
		·		
		PROJECTION OF THE PROPERTY AND A COMMISSION OF THE PROPERTY AND A		
Title/Name	Title/Name			
Title/Name	Title/Name			
Title/Name	Title/Name			

ARTICLE VI	NITIAL REGISTERI	ED AGENT A	ND STREET	ADDRESS	
The <u>name and Florii</u>	A STREET ADDRESS (P.O.	BOX NOT ACCE	PTABLE) OF THE I	REGISTERED AG	ENT IS:
	Inaba Crossina FL 3354	•	H 109	A C	17 MAR
	CORPORATOR SS OF THE INCORPORATOR	? IS: 		A WOLL TO BE	7 HAR 10 PH 2: 15
5810 KI	ds CROSS	ins Dra	2 Apt	109	•
Lidhia	EL 3350	1)			
**************************************	**************************************	**************************************	**************************************	**************************************	**************************************
	V AT THE PLACE DESIGN				
ACCEPT THE APPOINT	MENT AS REGISTERED A	IGENT AND AGE	REE TO ACT IN 1	THIS CAPACITY	7.
	Wien			03-07-2	2017
Signature/Registered	Agent		Ī	Date	·
Signature/Incorporate	Aug -		Ī	03-07-2	017