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(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

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

SUBJECT:

ONE PUTT, 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	\$	<u>78.75</u>
Total to domesticate and file	\$1	28.75

OPTIONAL:

Certificate of Status

\$ 8.75

Norma C. Wheeler

Name (printed or typed)

12808 Gran Bay Parkway West

Address

Jacksonville, FL 32258

City, State & Zip

904-251-6558

Daytime Telephone Number

nwheeler@web.com

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

CERTIFICATE OF DOMESTICATION

The undersigned, Norma C. Wheeler	Manager, Paralegal
(Name)	(Title)
of ONE PUTT, INC.	a foreign corporation,
(Corporation Name)	
in accordance with s. 607.1801, Florida Statutes, do	pes hereby certify:
1. The date on which corporation was first formed	was June 18 , 2007 .
2. The jurisdiction where the above named corporation came into being was NEVADA	ation was first formed, incorporated, or otherwise
3. The name of the corporation immediately prior was ONE PUTT, INC.	to the filing of this Certificate of Domestication .
4. The name of the corporation, as set forth in its a	articles of incorporation, to be filed pursuant to
s. 607.0202 and 607.0401 with this certificate is ONE PUTT, INC.	
5. The jurisdiction that constituted the seat, siege sadministration of the corporation, or any other simmediately before the filing of the Certificate NEVADA	equivalent jurisdiction under applicable law,
 Attached are Florida articles of incorporation to to s. 607.1801. 	complete the domestication requirements pursuant
I am MANAGER, of ONE PUTT, INC	·
and am authorized to sign this Certificate of Domes so this the 25TH day of APRIL	stication on behalf of the corporation and have done , 2017 .
(Authorize	d Signature)
·	g Fee: \$ 50.00

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE.				
ONE PUTT, INC.				
ARTICLE II PRINCIPAL OFFICE THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS: Principal Address 12808 GRAN BAY PARKWAY WEST	Mailing Address			
12808 GRAN BAT PARKVVAT WEST	SAIVIE			
JACKSONVILLE, FL 32258				
ARTICLE III PURPOSE THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZ. DOMAIN REGISTRAR	ED:			
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THE NUMBER OF SHARES OF STOCK IS: 10,000,000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

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

Title/Name PRESIDENT/DAVID L. BROWN	Title/Name VICE PRESIDENT AND TREASURER/KEVIN M. CARNEY
12808 GRAN BAY PARKWAY WEST	12808 GRAN BAY PARKWAY WEST
JACKSONVILLE, FL 32258	JACKSONVILLE, FL 32258
Title/Name	Title/Name
CHIEF LEGAL OFFICER AND SECRETARY/MATTHEW P. MCCLURE	
12808 GRAN BAY PARKWAY WEST	
JACKSONVILLE, FL 32258	
Title/Name	Title/Name
Title/Name	Title/Name
	PH 12: 39

INITIAL REGISTERED AGENT AND STREET ADDRESS The Name and Florida street address (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS: CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee FL 32301 ARTICLE VII INCORPORATOR THE NAME AND ADDRESS OF THE INCORPORATOR IS: NORMA C. WHEELER 12808 GRAN BAY PARKWAY WEST JACKSONVILLE, FL 32258 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. Harry B. Davis Asst. Vice President 4-25-2017