

P1700000413059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 16 2017

T SCHROEDER

**COVER LETTER**

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

**SUBJECT:** Repicci's Franchise Group

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
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\_\_\_\_\_  
Name (printed or typed)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Daytime Telephone Number

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

**CERTIFICATE OF DOMESTICATION**

The undersigned, Frank D Repici, Chief Executive Officer,  
(Name) (Title)

of Repicci's Franchise Group, 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 December 20, 2004.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Tennessee.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Repicci's Franchise Group, 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 Repicci's Franchise Group, 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 Tennessee.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am CEO of Repicci's Franchise Group, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 5 day of May, 2017.

Frank D Repici  
(Authorized Signature)

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

INH553 (12/12)

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

**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE:

Repicci's Franchise Group, Inc.

**ARTICLE II PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address

Mailing Address

Frank D Repici

401 E Las Olas Blvd.

Suite 1400

Ft. Lauderdale, FL 33301

401 E Las Olas Blvd.

Suite 1400

Ft. Lauderdale, FL 33301

**ARTICLE III PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Food Service

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\_\_\_\_\_

\_\_\_\_\_

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CLERK, FLORIDA

**ARTICLE IV SHARES**

THE NUMBER OF SHARES OF STOCK IS:

1,000

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

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

Title/Name

Frank D Repici

2249 Peterson Drive

Chattanooga, TN 37421

Title/Name

Camille A Crawford

3510 Trotter Drive

Alpharetta, GA 30004

Title/Name

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Title/Name

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Title/Name

Chief Executive Officer

Title/Name

Director

Title/Name

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Title/Name

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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TALLAHASSEE, FLORIDA

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Daniel R Thompson

401 E Las Olas Blvd. #1400

Ft. Lauderdale, FL 33301

**ARTICLE VII INCORPORATOR**

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

Daniel R Thompson

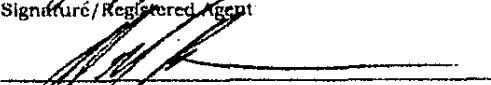
401 E Las Olas Blvd. #1400

Ft. Lauderdale, FL 33301

\*\*\*\*\*  
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

5/5/17  
Date

  
Signature/Incorporator

5/5/17  
Date

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