

P17000063357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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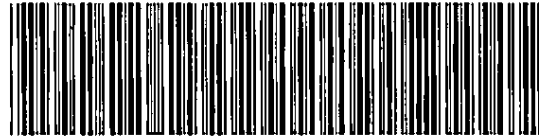
(Business Entity Name)

(Document Number)

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

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W17-56916

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17 JUL 25 PM 3:11  
CLERK OF COURT  
JUL 26 2017

T. BURCH

JUL 26 2017

## COVER LETTER

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

SUBJECT: Transfer of corp from NY 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 \$ 8.75

The Saxton Consulting Group, Inc

Name (printed or typed)

9685 Shadybrook Dr, #101

Address

Boynton Beach, Fl, 33437

City, State & Zip

917-374-7987

Daytime Telephone Number

ria@saxtonconsultinggroup.com

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 11, 2017

THE SAXTON CONSULTING GROUP, INC  
9685 SHADYBROOK DR #101  
BAOYNTON BEACH, FL 33437

SUBJECT: THE SAXTON CONSULTING GROUP, INC  
Ref. Number: W17000056916

We have received your document for THE SAXTON CONSULTING GROUP, INC and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please type in the name of the Registered Agent in article VI.

You must list at least one incorporator with a complete business street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch  
Regulatory Specialist III

Letter Number: 317A00013921

## CERTIFICATE OF DOMESTICATION

The undersigned, Maria Saxton, President  
(Name) (Title)

of The Saxton Consulting 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 June 28, 2012.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was New York.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was New York.
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 The Saxton Consulting 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 New York.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President of Saxton Consulting Group, Inc

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 6 day of July, 2017.

Maria Saxton  
(Authorized Signature)

### Filing Fee:

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

IN COMPLIANCE WITH CHAPTER 607, F.S.

**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE:

The Saxton Consulting Group, Inc

**ARTICLE II PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

9685 Shadybrook Dr

Same

#101

Boynton Beach

FL 33437

**ARTICLE III PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Advertising Production Consulting Firm

**ARTICLE IV    SHARES**

THE NUMBER OF SHARES OF STOCK IS:

200

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

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

Title/Name

Title/Name

President/Maria Saxton

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:

Maria Saxton  
9685 Shadybrook Dr, #101  
Boynton Beach, FL 33437

**ARTICLE VII INCORPORATOR**

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

Maria Saxton  
Shadybrook Dr, #101  
Boynton Beach, FL 33437

FILED  
17 JUL 26 PM 3:11  
CLERK OF DISTRICT COURT  
JULIA S. BROWN, CLERK

\*\*\*\*\*

**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.**

Maria Saxton  
Signature/Registered Agent

7/23/17  
Date

Maria Saxton  
Signature/Incorporator

7/23/17  
Date