

P17000063357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

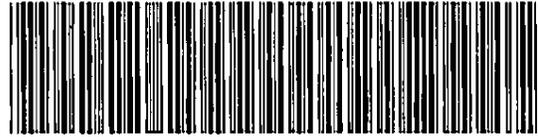
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/10/17--01042--007 **128.75

W17-56916

FILED
17 JUL 25 PM 3:11
TALLAHASSEE, FLORIDA

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
<u>President/Maria Saxton</u>	<u></u>

<u></u>	<u></u>
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Title/Name	Title/Name
<u></u>	<u></u>
<u></u>	<u></u>

Title/Name	Title/Name
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Title/Name	Title/Name
<u></u>	<u></u>
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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
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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