

P17000064464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

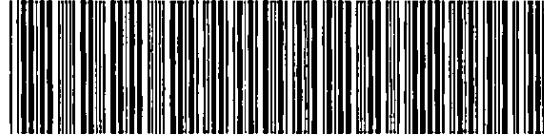
(Business Entity Name)

(Document Number)

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

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T. BURCH  
AUG 1 2017

## COVER LETTER

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

SUBJECT: e-Technologies Solutions Corp -Domestication

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)

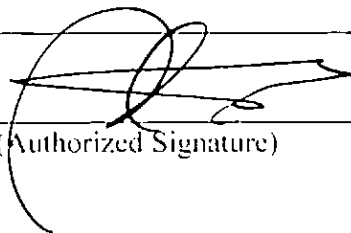
## CERTIFICATE OF DOMESTICATION

The undersigned, Jairo Leiva President  
(Name) (Title)  
of e-Technologies Solutions Corp. 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 May 16th, 2000.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was State of Michigan.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was e-Technologies Solutions Corp.
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 e-Technologies Solutions Corp.
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 Florida Department of State.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President of e-Technologies Solutions Corp

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 24 day of July, 2017

  
(Authorized 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.*

**ARTICLE I NAME**

*THE NAME OF THE CORPORATION SHALL BE:*

e-Technologies Solutions Corp.

**ARTICLE II PRINCIPAL OFFICE**

*THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:*

Principal Address

Mailing Address

2711 Vista Parkway B-7

2711 Vista Parkway B-7

West Palm Beach, FL 33411

West Palm Beach, FL 33411

**ARTICLE III PURPOSE**

*THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:*

The corporation is formed to engage in any activity within the purposes for which corporations may be formed under the business corporation act of Florida and domestic and International Business.

**ARTICLE IV    SHARES**

THE NUMBER OF SHARES OF STOCK IS: Sixty Thousand (60,000)

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

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

Title/Name

President - Jairo Leiva

2711 Vista Parkway C-13

West palm Beach, FL 33411

Title/Name

Vice President - Oswaldo Parra

2711 Vista Parkway B-7

West Palm Beach, FL 33411

Title/Name

Secretary - Marta Santos

2711 Vista Parkway C-13

West palm Beach, FL 33411

Title/Name

Treasurer - Edgar Rueda

2711 Vista Parkway B-7

West Palm Beach, FL 33411

Title/Name

\_\_\_\_\_

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Title/Name

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Title/Name

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Title/Name

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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:

Adolfo E. Iglesias  
12060 S.W. 129 Court #104  
Miami, Florida 33186

FILED  
17 JUL 31 PM 1:17  
CLERK OF COURT  
JUL 31 2017

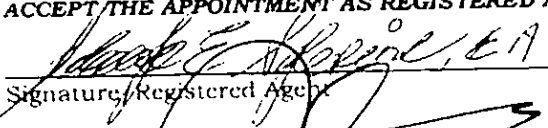
**ARTICLE VII INCORPORATOR**

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

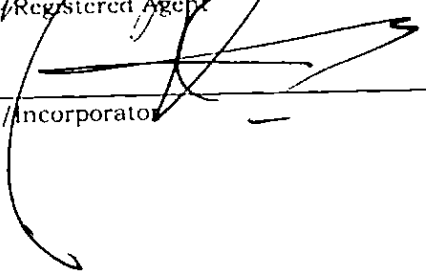
Jairo Leiva  
2721 Vista Parkway C-13  
West Palm Beach, FL 33411

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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

07-24-17  
Date

  
Signature/Incorporator

7-24-17  
Date