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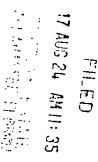
(Re	questor's Name)	
(Ad	dress)	•
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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T. BURCH NJS 2 4 2017

COVER LETTER

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

SUBJECT: Domestication à Freign Pe

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 Shirley A. Coffield Name (printed or typed)
/ Name (printed or typed)
2797 1st St Unit 204
Address
FT. MYERS, FL 33916
City. State & Zip
202 331-8220
Daytime Telephone Number
Shirley @ coffield-trade, Com E-mail address: (to be used for future annual report notification)

CERTIFICATE OF DOMESTICATION

T h	e undersigned. Shirby A. Coffeld (Name)	Preside	nt.
	(Name)	(Title)	
of`	Coffield law PC (Corporation Name)	a foreig	gn corporation.
in	accordance with s. 607.1801. Florida Statutes, does hereby certify:		
١.	The date on which corporation was first formed was	13	.7009.
2.	The jurisdiction where the above named corporation was first formed came into being was District of Columb		d, or otherwise
3.	was Coffieldlaw PC		·
4,	The name of the corporation, as set forth in its articles of incorporat s. 607.0202 and 607.0401 with this certificate is	ion, to be filed	pursuant 🔁
5.	The jurisdiction that constituted the seat, siege social, or principal p administration of the corporation, or any other equivalent jurisdiction immediately before the filing of the Certificate of Domestication was Alexandria	lace of busines	s of central
6.	Attached are Florida articles of incorporation to complete the domes to s. 607.1801.	7	
1 a	m President or Coffield aw PC		
an	d am authorized to sign this Certificate of Domestication on behalf of	the corporation	on and have done
so	Shurley A. Coffaul (Authorized Signature)	·	
	Filing Fee:		
	Certificate of Domestication	\$ 50.00	
	Articles of Incorporation and Certified Copy Total to domesticate and file	\$\frac{5\cdot 78.75}{\$128.75}	

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

THE NAME OF THE CORPORATION SHALL BE:		
Coffredlaw PA		
ARTICLE II PRINCIPAL OFFICE		
THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS: Principal Address	Mailing Address	
7797 18t St #204	_	
2777 1 01 1-209	Same	
Ft. Myers FL		
33916		
ARTICLE III PURPOSE THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZE	D :	
To provide consulting ar		
international trade requ	latory issue	sand
to otherwise engage in	any lawful	business
purpose or activity for u	shich a PA	way be
	Law.	()
torres ariser repriga	<u> </u>	
		

THE NUMBER OF SHARES OF STOCK IS:) 	
ARTICLE V INITIAL DIRECTORS AN		
THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TIT	LES:	
Title/Name	Title/Name	
# Pusident		
Shirley A. Coffield		
2797 1st St. #204		
Shirley A. Coffield 2797 1st St. #204 Ft. Myers, FL.	Title/Name	
Title/Name	Title/Name	
Title/Name	Title/Name	

ARTICLE IV SHARES

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

Shirley A. Coffield 2797 1st St. #204 FT. Myers, FL 33916

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Shirley A. Coffield 2797 Ist St. #204

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

Signature/Incorporator

8/22/2017

Date

Date