

P18 0000000021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

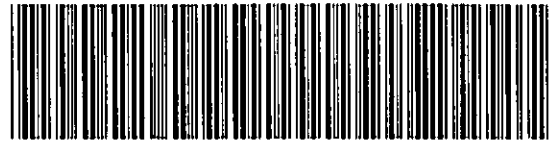
(Business Entity Name)

(Document Number)

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

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17 DEC 29 AM 9:36  
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JAN 2 2018

T. BURCH

JAN 2 2018

## COVER LETTER

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

SUBJECT: HORVATH CAPITAL INC

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	<u>\$128.75</u>

### OPTIONAL:

Certificate of Status	\$ 8.75
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Michael LaSala

Name (printed or typed)

3609 Hammerkop Dr.

Address

North Las Vegas, NV 89084

City, State & Zip

702-334-0391

Daytime Telephone Number

admin@incsmart.biz

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

## CERTIFICATE OF DOMESTICATION

The undersigned, Michael LaSala, Incorporator,  
(Name) (Title)

of HORVATH CAPITAL 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 November 7, 2012.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was California.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was HORVATH CAPITAL 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 HORVATH CAPITAL 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 California.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Incorporator, of HORVATH CAPITAL INC

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 22nd day of December, 2017.



(Authorized Signature)

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

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**ARTICLES OF INCORPORATION**

*IN COMPLIANCE WITH CHAPTER 607, F.S.*

**ARTICLE I    NAME**

*THE NAME OF THE CORPORATION SHALL BE:*

HORVATH CAPITAL INC

**ARTICLE II    PRINCIPAL OFFICE**

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

Principal Address

Mailing Address

2085 Painted Palm Dr.

2085 Painted Palm Dr.

Naples, FL 34119

Naples, FL 34119

**ARTICLE III    PURPOSE**

*THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:*

Financial Serivces

**ARTICLE IV    SHARES**        100  
*THE NUMBER OF SHARES OF STOCK IS:* \_\_\_\_\_

**ARTICLE V   INITIAL DIRECTORS AND/ OR OFFICERS**  
*THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:*

Title/Name  
CEO-Barbara Horvath  
\_\_\_\_\_  
2085 Painted Palm Dr.  
\_\_\_\_\_  
Naples, FL 34119  
\_\_\_\_\_

Title/Name  
Secretary-Barbara Horvath  
\_\_\_\_\_  
2085 Painted Palm Dr.  
\_\_\_\_\_  
Naples, FL 34119  
\_\_\_\_\_

Title/Name  
  
CFO-Barbara Horvath  
\_\_\_\_\_  
2085 Painted Palm Dr.  
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Naples, FL 34119  
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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:

Barbara Horvath  
2085 Painted Palm Dr.  
Naples, FL 34119

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JANASSI P. T. O'NEAL

**ARTICLE VII INCORPORATOR**

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

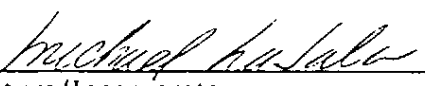
Michael LaSala  
3609 Hammerkop Dr.  
North Las Vegas, NV 89084

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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

12/22/2017  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

12/22/2017  
\_\_\_\_\_  
Date