

COVER LETTER

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

SUBJECT: Network Innovation Associates, 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	\$128.75

OPTIONAL:

Certificate of Status
Vanessa McMurry

\$ 8.75

3
TOTAL 137.50

Name (printed or typed)

PO Box 397

Address

Ormond Beach, FL 32175-0397

City, State & Zip

386-675-0724

Daytime Telephone Number

vmcmurry@niasat.com

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

CERTIFICATE OF DOMESTICATION

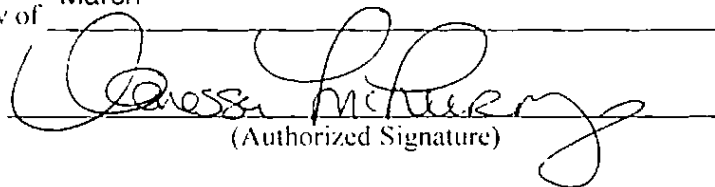
The undersigned, Vanessa McMurry President
(Name) (Title)
of Network Innovation Associates, Inc. FIS-4730 a foreign corporation.
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was May 18 2004
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was State of Nevada
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Network Innovation Associates, 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 Network Innovation Associates, 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 State of Florida
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President of Network Innovation Associates, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 16 day of March 2018


(Authorized Signature)

Filing Fee:

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

FILED
18 MAR 20 AM 9:43
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Network Innovation Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address

Mailing Address

1462 Ocean Shore Blvd.

PO Box 397

Ormond Beach, FL 32176

Ormond Beach, FL 32175-0397

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Any and all lawful business.

FILED
19 MAR 20 AM 9:43
ST. LOUIS, MO
U.S. DEPT. OF JUSTICE

ARTICLE IV SHARES

1000

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

President: Vanessa McMurry

PO Box 397

Ormond Beach, FL 32175-0397

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

FILED
18 MAR 20 AM 9:43
CLERK OF DISTRICT COURT
JAN 18 2018

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Vanessa McMurry

1462 Ocean Shore Blvd

Ormond Beach, FL 32176

ARTICLE VII INCORPORATOR

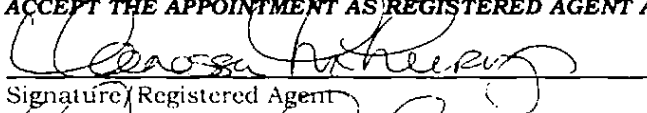
THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

Vanessa McMurry

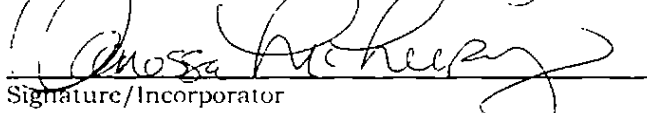
PO Box 397

Ormond Beach, FL 32175-0397

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

3/16/18
Date


Signature/Incorporator

3/16/18
Date

FILED
18 MAR 20 AM 9:43
NOTARIAL PUBLIC
JENNIFER L. BROWN