

P180000645215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

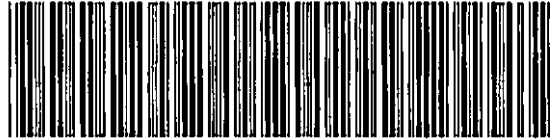
(Business Entity Name)

(Document Number)

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

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18 MAY 14 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 17 2018

T SCHROEDER

## COVER LETTER

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

SUBJECT: Silverknight Consulting 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 \$ 8.75

Total = 137.50

Michael Silbergleid

Name (printed or typed)

6322 Forest Stump LN

Address

Jacksonville, FL 32258

City, State & Zip

561-379-7387

Daytime Telephone Number

msilbergleid@silverknight.com

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

## CERTIFICATE OF DOMESTICATION

The undersigned, Michael Silbergleid President  
(Name) (Title)

of Silverknight Consulting 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 April 1 2014.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Nevada.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Silverknight Consulting 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 Silverknight Consulting 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 Wyoming.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President, of Silverknight Consulting Inc

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 11 day of May, 2018

  
(Authorized Signature)

Filing Fee:  
Certificate of Domestication  
Articles of Incorporation and Certified Copy  
Total to domesticate and file

\$ 50.00  
\$ 78.75  
\$128.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

*THE NAME OF THE CORPORATION SHALL BE:*

Silverknight Consulting Inc

**ARTICLE II PRINCIPAL OFFICE**

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

Principal Address

Mailing Address

6322 Forest Stump LN

6322 Forest Stump LN

Jacksonville, FL 32258

Jacksonville, FL 32258

**ARTICLE III PURPOSE**

*THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:*

Consulting in the fields of media, broadcasting, and  
publishing; and to engage in any other lawful activity  
for which corporations may be incorporated in this state.

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TALLAHASSEE, FLORIDA

**ARTICLE IV    SHARES**

THE NUMBER OF SHARES OF STOCK IS: 100

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

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

Title/Name

President/Michael Silbergleid

6322 Forest Stump LN

Jacksonville, FL 32258

Title/Name

Treasurer/Michael Silbergleid

6322 Forest Stump LN

Jacksonville, FL 32258

Title/Name

Director/Elizabeth Silbergleid

6322 Forest Stump LN

Jacksonville, FL 32258

Title/Name

Title/Name

Secretary/Michael Silbergleid

6322 Forest Stump LN

Jacksonville, FL 32258

Title/Name

Director/Michael Silbergleid

6322 Forest Stump LN

Jacksonville, FL 32258

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:

Michael Silbergleid

6322 Forest Stump LN

Jacksonville, FL 32258

**ARTICLE VII INCORPORATOR**

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

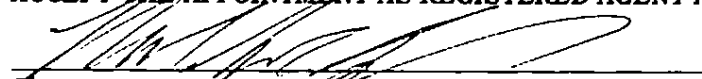
Michael Silbergleid

6322 Forest Stump LN

Jacksonville, FL 32258

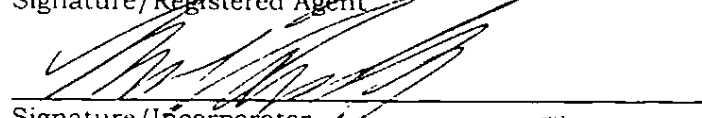
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HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

  
Signature/Registered Agent

May 11, 2018

Date

  
Signature/Incorporator

May 11, 2018

Date

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TALLAHASSEE, FLORIDA