

P18000056756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

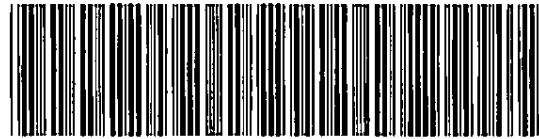
(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 26 2018



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18 JUN 21 PM 6:22
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FALLMONT, VA

COVER LETTER

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

SUBJECT: CERTIFICATE OF 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 | \$ <u>78.75</u> |
| Total to domesticate and file | \$128.75 |

OPTIONAL:

| | |
|-----------------------|---------|
| Certificate of Status | \$ 8.75 |
|-----------------------|---------|

MARK OSER
Name (printed or typed)

5433 FREEPORT LANE
Address

NAPLES, FLORIDA 34119
City, State & Zip

215.906.2770
Daytime Telephone Number

MARK@DESIGNSBYMARKINC.COM
E-mail address: (to be used for future annual report notification)

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18 JUN 21 PM 6:22
TALLAHASSEE, FL
SECRETARY OF STATE

CERTIFICATE OF DOMESTICATION

The undersigned, MARK OSER INTERIOR DESIGNER
(Name) (Title)

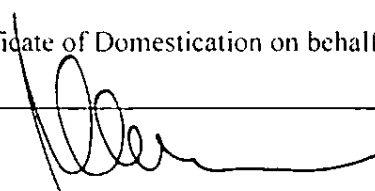
of DESIGNS BY MARK INTERIORS, INC. a foreign corporation.
(Corporation Name)

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

1. The date on which corporation was first formed was JUNE 6, 2002.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was BUCKS AND MONTGOMERY COUNTY OF PENNSYLVANIA.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was DESIGNS BY MARK INTERIORS, 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 DESIGNS BY MARK INTERIORS, 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 BUCKS COUNTY, PENNSYLVANIA.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am MARK OSER of DESIGNS BY MARK INTERIORS, INC.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 7TH day of MAY, 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 |

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CLERK OF COURT
JULIA A. BROWN

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

DESIGNS BY MARK INTERIORS, INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

5433 FREEPORT LN, NAPLES, FL 34119

SAME

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

TO PROVIDE INTERIOR DESIGN SERVICES TO RESIDENTIAL
CLIENTS IN THE STATE OF FLORIDA AND ALL
OTHER LEGAL ACTS PERMITTED FOR CORPORATIONS MAY
BE INCORPORATED IN FLORIDA.

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TALLAHASSEE, FL

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/ MARK OSER
5433 FREEPORT LN.
NAPLES, FLORIDA 34119

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

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SEC. OF STATE
TALLAHASSEE, FLA.

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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


MARK OSER
5433 FREEPORT LN
NAPLES, FL 34119

ARTICLE VII INCORPORATOR

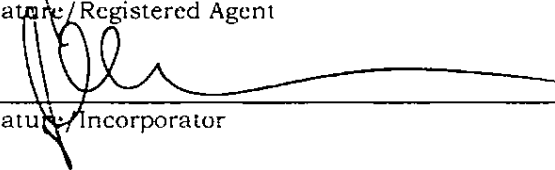
THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

MARK OSER
5433 FREEPORT LN
NAPLES, FL 34119

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

5/7/18
Date


Signature / Incorporator

5/7/18
Date

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SHELBY COUNTY, TN
CLERK OF COURT