

PI8000058209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 03 2018

T SCHROEDER

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

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 |
|-----------------------|---------|

Claudia B. Reif, Paralegal / Fox Rothschild LLP

\_\_\_\_\_  
Name (printed or typed)

PO Box 673

\_\_\_\_\_  
Address

Exton, PA 19341-0673

\_\_\_\_\_  
City, State & Zip

(610) 458-6195

\_\_\_\_\_  
Daytime Telephone Number

dpitchko@cinchseal.com

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

# CERTIFICATE OF DOMESTICATION

The undersigned David M. Pichko \_\_\_\_\_, President \_\_\_\_\_  
(Name) (Title)

of Private Label Manufacturing, Inc. \_\_\_\_\_ a foreign corporation,  
(Corporation Name)

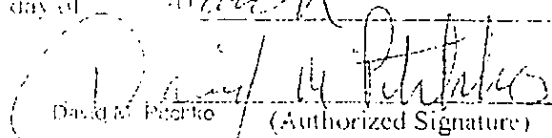
in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was June 22, 2017 \_\_\_\_\_
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was New Jersey \_\_\_\_\_
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Private Label Manufacturing, 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 Private Label Manufacturing, 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 New Jersey \_\_\_\_\_
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President \_\_\_\_\_ of Private Label Manufacturing, Inc. \_\_\_\_\_

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done

so this the 5 day of June \_\_\_\_\_, 2018.

  
David M. Pichko (Authorized Signature)

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

**ARTICLE I NAME**

*THE NAME OF THE CORPORATION SHALL BE:*

Private Label Manufacturing, Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

Principal Address

Mailing Address

23B Roland Ave.

23B Roland Ave.

Mt. Laurel, NJ 08054

Mt. Laurel, NJ 08054

**ARTICLE III PURPOSE**

*THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:*

Production of private label goods

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**TALLAHASSEE, FLORIDA**

**ARTICLE IV SHARES**

THE NUMBER OF SHARES OF STOCK IS: 1,000

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

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

Title/Name

Director - David M. Pitchko

11827 NW 10th Place

Coral Springs, FL 33071

Title/Name

Secretary - David M. Pitchko

11827 NW 10th Place

Coral Springs, FL 33071

Title/Name

President - David M. Pitchko

11827 NW 10th Place

Coral Springs, FL 33071

Title/Name

Treasurer - David M. Pitchko

11827 NW 10th Place

Coral Springs, FL 33071

Title/Name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Title/Name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Title/Name

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Title/Name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:David M. Piccolo~~XXXXXXXXXXXX~~ 11827 NW 10th Place~~XXXXXXXXXXXX~~ Coral Springs, FL 33071**ARTICLE VII INCORPORATOR**THE NAME AND ADDRESS OF THE INCORPORATOR IS:Claudia B. Reif, ParsippanyFox Rothschild LLPPO Box 673Exton, PA 19341-0673

\*\*\*\*\*  
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.

David M. Piccolo

Signature/Registered Agent

3/5/2018

Date

Claudia B. Reif

Signature/Incorporator

3/5/2018

Date

INCORPORATOR

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