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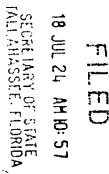
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COVER LETTER

, *

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

SUBJECT: Bottom Line of MN 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

Bottom Line of MN Inc

Name (printed or typed)

3472 SW Ellis Street

Address

Port Saint Lucie, FL 34953

City, State & Zip

763-300-2298

Daytime Telephone Number

info@iamdoc.com

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

CERTIFICATE OF DOMESTICATION

The t	undersigned, John Gregory Boehme , F	-resident .
	(Name)	(Title)
of B	ottom Line of MN Inc	a foreign corporation,
in ac	(Corporation Name) cordance with s. 607.1801, Florida Statutes, does hereby co	ertify:
1. T	The date on which corporation was first formed was April 3	30th
	The jurisdiction where the above named corporation was fire came into being was Minnesota	est formed, incorporated, or otherwise
	The name of the corporation immediately prior to the filing was Bottom Line of MN Inc	of this Certificate of Domestication .
	The name of the corporation, as set forth in its articles of inc. 607.0202 and 607.0401 with this certificate is Bottom L	-
a ir	The jurisdiction that constituted the seat, siege social, or print idministration of the corporation, or any other equivalent jummediately before the filing of the Certificate of Domestical Minnesota	risdiction under applicable law.
	Attached are Florida articles of incorporation to complete th o.s. 607.1801.	ne domestication requirements pursuant
Lam	John Boehme of MN Inc	
	am authorized to sign this Certificate of Domestication on but is the $\frac{5}{4}$ day of July	pehalf of the corporation and have done
	(Authorized Signature) Filing Fee: Certificate of Domestication Articles of Incorporation and Certified C	WILZY AMBO STARY OF STA STARSSEE, FLOR S 50.00

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:	
Bottom Line of MN Inc	
ARTICLE II PRINCIPAL OFFICE THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS: Principal Address 3472 SW Ellis Street	Mailing Address 3472 SW Ellis Street
Port Saint Lucie, FL 34953	Port Saint Lucie, FL 34953
ARTICLE III PURPOSE THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZ	GED:
Resale of gas pump parts used at f	ueling locations. i.e. gas stations
	SELA NELA
	FIL 24 PL 24 PASS
	AM IO: 57

Title/Name	
Title/Name	
Title/Name	
	18 JUL
Title/Name	ILED 24 AM ID: 57 ARY OF STATE SSEE, FLORIDA
	Title/Name Title/Name

ARTICLE IV SHARES

INITIAL REGISTERED AGENT AND STREET ADDRESS THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS: John Gregory Boehme 3472 SW Ellis Street Port Saint Lucie, FL 34953 ARTICLE VII INCORPORATOR THE NAME AND ADDRESS OF THE INCORPORATOR IS: John Gregory Boehme 3472 SW Ellis Street Port Saint Lucie, FL 34953 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. 05JULY18 Signature/Registered Agent Date 05JULY18 Date Signature/Incorporator