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COVER LETTER

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

SUBJECT: Domestication of Georgia Corporation in Florida

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

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

OPTIONAL:

Certificate of Status

Name (printed or typed)

\$ 8.75

Address

City, State & Zip

Daytime Telephone Number

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

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INHS53 (12/12)

CERTIFICATE OF DOMESTICATION

The undersigned, Roxanne Gross		President		
	(Name)	(Title)		
of	All Souls Catholic Gifts Inc	a foreign corporation.		
in	(Corporation Name) accordance with s. 607.1801, Florida Statutes, does hereby	certify:		
1.	The date on which corporation was first formed was Aug	ust 12, 2009		
2.	The jurisdiction where the above named corporation was came into being was State of Georgia, County of	•		
3.	The name of the corporation immediately prior to the filing of this Certificate of Domestication was All Souls Catholic Gifts Inc			
4.	The name of the corporation, as set forth in its articles of is. 607.0202 and 607.0401 with this certificate is All Sol			
5.	The jurisdiction that constituted the seat, siege social, or p administration of the corporation, or any other equivalent immediately before the filing of the Certificate of Domest State of Georgia, County of Fulton	jurisdiction under applicable law.		
6.	Attached are Florida articles of incorporation to complete to s. 607.1801.	the domestication requirements pursuant		
l a	m Roxanne Gross , of All Souls Catholic Gifts	Inc		
апе	d am authorized to sign this Certificate of Domestication or	behalf of the corporation and have done		

Jorasine 00/~ 77 (Authorized Signature)

Filing Fee: **Certificate of Domestication** \$ 50.00 <u>\$ 78.75</u> Articles of Incorporation and Certified Copy \$128.75 Total to domesticate and file

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INHS53 (12/12)

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

All Souls Catholic Gifts Inc

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS: Principal Address

5889 S. Willimason Blvd

Suite 1324

Port Orange, Florida 32128

Mailing Address 5889 S. Willimason Blvd

Suite 1324

Port Orange, Florida 32128

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

To carry on and conduct marketing business, to act, and to appoint others to act, as agent, broker, and factor for

individuals, firms, associations, and corporations in the distribution, delivery, purchase, and sale of services, goods

wares, merchandise, property, and articles of commerce of every kind and description, and in marketing, selling, promoting the

sale of, advertising and introducing, and contracting for the marketing, sale, introduction, advertisement, and use

of services and products of all kinds, relating to any and all kinds of businesses of every kind and description.



ARTICLE IV SHARES THE NUMBER OF SHARES OF STOCK IS: 100000

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ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

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

Title/Name	Title/Name		
Roxanne Gross	Director		
5889 S. Williamson Blud	-1 Suite 1324		
Port Orarge, FL 32128			
Title/Name	Title/Name		
Roxanne Gross	President		
5889 S. Williamson Blvd	Suite 1324		
Portorange, FL 32128	<u></u>	AUG	
Title/Name Roxanne Gross	Title/Name Vice President	, 15 AH 9:	
5789 G. Williamson Blud Port Orange, FL 3212		-1. @)	
Title/Name Stephen Gross	Title/Name Secretary		
5889 S. Williamson Blu	1 Suite 1324		
Port Orange, FL 32128			

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Stephen Gross

5889 S. Willimason Blvd, Suite 1324

Port Orange, Florida 32128

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Roxanne Gross

5889 S. Willimason Blvd, Suite 1324

Port Orange, Florida 32128

Sig 5 MH 9:

**** 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

avornere Graza

Signature/Incorporator

 $\frac{S/12/12}{Date}$