P1800071506

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
(Business Entity Name) (Document Number) Certified Copies Certificates of Status
(Document Number) Certified Copies Certificates of Status
(Document Number) Certified Copies Certificates of Status
(Document Number) Certified Copies Certificates of Status
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special Instructions to Filing Officer:
Special Instructions to Filing Officer:

Office Use Only

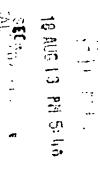
M. MOON AUG 1 4 2018



200316856862

(唐·1341 - 88775 - 4075 - 40,25.27

W18-73901



THE CORRALES LAW FIRM, PLLC

August 10, 2018

Sent via FedEx: 7729 5336 0581

Department of State Division of Corporations Clifton Building 2661 Executive Center Cir. Tallahassee, FL 32301

Re: Domestication – The Ahlbum Insurance Group, Inc.

Dear Sir/Madam:

Please find enclosed one (1) set of originals and one (1) set of copies of Domestication materials, together with payment in the amount of \$128.75.

If there are any questions or comments, please do not hesitate to contact the undersigned.

Sincerely.

Francisco Corrales

Enclosures as stated

cc: The Ahlbum Insurance Group, Inc.

COVER LETTER

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

SUBJECT: THE AHLBUM INSURANCE GROUP, 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

Name (printed or typed)

3275 W. HILLSBORO BOULEVARD, STE 104

Address

DEERFIELD BEACH, FL 33442

City, State & Zip

(954) 846-1943

Daytime Telephone Number

FRANCISCO@CORRALES.LEGAL

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

CERTIFICATE OF DOMESTICATION

Th	e undersigned, JONATHAN AHLBUM	PRESIDENT			
	(Name)	(Title)			
of	THE AHLBUM INSURANCE GROUP, INC.	a foreign corporation,			
in	(Corporation Name) accordance with s. 607.1801, Florida Statutes, does hereb	y certify:			
1.	The date on which corporation was first formed was NO	OVEMBER 18 . 2014			
2.	The jurisdiction where the above named corporation was came into being was WYOMING	s first formed, incorporated, or otherwise			
3.	The name of the corporation immediately prior to the fill was THE AHLBUM INSURANCE GROUP, II				
4.	The name of the corporation, as set forth in its articles o	f incorporation, to be filed pursuant to			
	s. 607.0202 and 607.0401 with this certificate is	•			
5.	The jurisdiction that constituted the seat, siege social, or administration of the corporation, or any other equivaler immediately before the filing of the Certificate of Dome WYOMING	nt jurisdiction under applicable law,			
6.	Attached are Florida articles of incorporation to complet to s. 607.1801.	te the domestication requirements pursuant			
l a	m PRESIDENT , of THE AHLBUM INSUR	ANCE GROUP, INC.			
and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 8TH day of AUGUST					
an Ale					
	(Authorized Signati	ure)			
Filing Fee:					
	Certificate of Domestication Articles of Incorporation and Certific Total to domesticate and file	\$ 50.00 7 97 ed Copy \$ 78.75 \$ \$ \$128.75			

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

Α	R	ΤI	CL	Æ	I	NAME

THE NAME OF THE CORPORATION SHALL BE:

THE AHLBUM INSURANCE GROUP, INC.

ARTICLE II PRINCIPAL OFFICE THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRE Principal Address 2000 BANKS ROAD	Mailing Address 2000 BANKS ROAD				
SUITE 209	SUITE 209				
MARGATE, FL 33063	MARGATE, FL 33063				
ARTICLE III PURPOSE					
ANY AND ALL LAWFUL B					
	رى ت - ا				
	ćų ·				
	C.F				

ARTICLE IV	SHARES	1 000	
THE NUMBER OF SHA	ARES OF STOCK IS:	1,000	

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

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

P, D - JONATHAN AHLBUM	Title/Name VP, D - DONNA M. AHLBUM
2000 BANKS ROAD, SUITE 209	2000 BANKS ROAD, SUITE 209
MARGATE, FL 33063	MARGATE, FL 33063
Title/Name	Title/Name
Title/Name	Title/Name
	20 20 20 20 20 20 20 20 20 20 20 20 20 20 20
Title/Name	Title/Name St. 17

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

THE CORRALES LAW FIRM, PLLC
3275 W. HILLSBORO BOULEVARD, SUITE 104
DEERFIELD BEACH, FL 33442

ARTICLE VII INCORPORATOR THE NAME AND ADDRESS OF THE INCORPORATOR IS:

JONATHAN AHLBUM 2000 BANKS ROAD, SUITE 209

MARGATE, FL 33063

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 FNAVISEO Wanates

Signature Incorporator

Date

Date