Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000364594 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BARITZ & COLMAN LLP

Account Number : 120000000130

Phone : (561)864-5100

Fax Number

: (561)864-5101

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: LGALVANI @ BARITZ COLMON, Com

DOMESTICATION

9 Charles Corp.

Certificate of Status	Ü
Certified Copy	0
Page Count	U4
Estimated Charge	\$120.00

Electronic Filing Menu

Corporate Filing Menu

Help

Fax Audit #: H18003645943

CERTIFICATE OF DOMESTICATION

The undersigned, Anne J. Mazzella	Chief Executive Officer		
(Name)	(Title)		
of 9 Charles Corp.	a foreign corporation,		
(Corporation Name) in accordance with s. 607.1801, Florida Statutes, does	· · ·		
1. The date on which corporation was first formed w	was June 15 1995		
2. The jurisdiction where the above named corporation came into being was New York	ion was first formed, incorporated, or otherwise		
 The name of the corporation immediately prior to was 9 Charles Corp. 	the filing of this Certificate of Domestication		
s. 607.0202 and 607.0401 with this certificate is	deles of incorporation, to be filed pursuant to		
The jurisdiction that constituted the seat, siege so administration of the corporation, or any other equinmediately before the filing of the Certificate of New York	uivalent jurisdiction under applicable law.		
 Attached are Florida articles of incorporation to co to s. 607.1801. 	omplete the domestication requirements pursuant		
am Anne J. Mazzella , of 9 Charles Corp.			
and am authorized to sign this Certificate of Domestic	cation on behalf of the corporation and have done		
o this the 25th day of December	, Zola . 30		
anne 9. m	eagrella ?		
(Authorized S	Signature)		
•			
Fillng F Certificate of Domestication	€2 Fee: \$ 50.00		
Articles of Incorporation and Co	ertified Copy <u>\$ 78.75</u>		

Fax Audit #: H18003645943

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

9 Charles Corp.		
ARTICLE II PRINCIPAL OFFICE THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS Principal Address	is: Mailing Address	
401 E. Linton Boulevard #417	c/o Lauren A. Galvani, Esq.	
Delray Beach, Florida 33483	1075 Broken Sound Parkway NW, Suite 102	
	Boca Raton, FL 33487	
	,	
THE PURPOSE FOR WHICH THE CORPORATION IS ORGA!	1	
THE PURPOSE FOR WHICH THE CORPORATION IS ORGA!		
THE PURPOSE FOR WHICH THE CORPORATION IS ORGA!		
THE PURPOSE FOR WHICH THE CORPORATION IS ORGA!	NIZED:	
THE PURPOSE FOR WHICH THE CORPORATION IS ORGA!	NIZED:	
THE PURPOSE FOR WHICH THE CORPORATION IS ORGA!	NIZED:	
THE PURPOSE FOR WHICH THE CORPORATION IS ORGA!	NIZED:	
ARTICLE III PURPOSE THE PURPOSE FOR WHICH THE CORPORATION IS ORGAN ANY AND All lawful business.	NIZED:	
THE PURPOSE FOR WHICH THE CORPORATION IS ORGA!	NIZED:	
THE PURPOSE FOR WHICH THE CORPORATION IS ORGA!	NIZED:	
THE PURPOSE FOR WHICH THE CORPORATION IS ORGA!	NIZED:	

Fax Audit #: H18003645943

THE NUMBER OF SHARES OF STOCK IS: 200				
ARTICLE V INITIAL DIRECTORS AND/OTHE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:	DR OFFICERS			
Title/Name Anne J. Mazzella, CEO	Title/Name			
401 E. Linton Boulevard #417	<u></u>			
Delray Beach, Florida 33483				
Title/Name	Title/Name			
Title/Name	Title/Name			
Title/Name	Title/Namc			

Fax Audit #: H18003645943 -

ARTICLE VI	THIRDLAY WARRANTE			
WKIICTE AI	INITIAL REGISTERED	AGENT	AND STREET	ADDDESS
		******		ALLIGENCE

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

Lauren A. Galvani, Esg.

1075 Broken Sound Parkway NW, Suite 102

Boca Raton, Florida 33487

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Lauren A. Galvani, Esq.

1075 Broken Sound Parkway NW, Suite 102

Boca Raton, Florida 33487

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