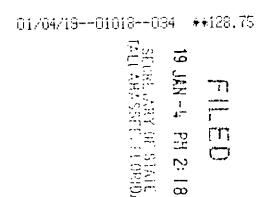


(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				







T SCHROEDER

COVER LETTER

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

SUBJECT:

DOMESTICATION

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

NICKOLAS J. SPRADLIN

Name (printed or typed)

2202 N. WEST SHORE BLVD. #200

Address

TAMPA FL 33607

City, State & Zip

813.435.3176

Daytime Telephone Number

NS@NICKSPRADLIN.COM

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

CERTIFICATE OF DOMESTICATION

The undersigned, JACK	LICHWA	PRESIDENT	
<u> </u>	(Name)	(Title	;)
of JACK LICHWA CO	ONSULTING INC.	a f	oreign corporation,
	orporation Name) 1801, Florida Statutes, does		
1. The date on which cor	poration was first formed w	as	2010
2. The jurisdiction where came into being was		on was first formed, incorpo	rated, or otherwise
3. The name of the corpo was JACK LICHW.	ration immediately prior to A CONSULTING INC	the filing of this Certificate	of Domestication
		cles of incorporation, to be t	filed pursuant to
s. 607.0202 and 607.04	01 with this certificate is _CONSULTING INC.	·	
administration of the co	onstituted the seat, siege socorporation, or any other equaling of the Certificate of	ial, or principal place of bus ivalent jurisdiction under ap Domestication was	iness or central plicable law,
6. Attached are Florida ar to s. 607.1801.	ticles of incorporation to co	emplete the domestication re	quirements pursuant
I am PRESIDENT	, of JACK LICHWA CO	ONSULTING INC.	
	his Certificate of Domestic	ation on behalf of the corpor	ation and have done
	1 5 1	/	·
 .	M		
5	(Authorized S	ignature)	19 J
			19 JAH -4
			A PH 2:1
INHS53 (12/12)		e,	78

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

JACK LICHWA CONSULTING INC. ARTICLE II PRINCIPAL OFFICE THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS: Mailing Address Principal Address 3033 N. SHERIDAN RD. 3033 N. SHERIDAN RD. #607 #607 CHICAGO, IL 60657 CHICAGO, IL 60657 ARTICLE III PURPOSE THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED: ANY AND ALL LEGAL PURPOSES



THE NUMBER OF SHARES OF STOCK IS: 10,000 COMMON

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

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

Title/Name D,P,S,T JACK LICHWA	Title/Name	
3303 N. Sheridan Rd. #607		
Chicago, IL 60657		
Title/Name	Title/Name	
Title/Name	Title/Name	
Title/Name	Title/Name	
	TO JAH-4 PH 2: 18 SELVENTION FOR 2: 18 GUILLAND SERVE OF TOOMS.	

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEP	· · · · · · · · · · · · · · · · · · ·
THE ISSUED AND TRANSPORTED IN CO. DOC NOT NOW	Tibbb) of Tib (Color Brass Trop). To
Nick Spradlin Esq.	
2202 N. West Shore Blvd.	
#200 Tampa, FL 33607	
ARTICLE VII INCORPORATOR THE NAME AND ADDRESS OF THE INCORPORATOR IS:	
Nick Spradlin Esq.	
2202 N. West Shore Blvd.	
#200 Tampa, FL 33607	
******	**********
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT STATED CORPORATION AT THE PLACE DESIGNATED IN THIS C ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGRI	ERTIFICATE, I AM FAMILIAR WITH AND
A TOUR MENT NO REGISTERED AGENT AND AGRE	12/04/2018
Signature/Registered Agent	Date
\mathcal{N}	12/04/2018

Incorporator



Date