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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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JUN 03 2019

COVER LETTER

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

SUBJECT: ALPHADEVWORK, LLC - 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
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AlphaDevWorks LLC

Name (printed or typed)

3305 Hill St

Address

New Smyrna Beach, FL 32169

City, State & Zip

678-462-8742

Daytime Telephone Number

david@alphadevworks.com

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

FILED
IN THE OFFICE OF
THE CLERK OF THE
COURT
JAN 11 2013
TALLAHASSEE, FL

CERTIFICATE OF DOMESTICATION

The undersigned, David A Williams, President,
(Name) (Title)


of ALPHADEVWORKS, LLC a foreign corporation,
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was September 14th, 2012.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was State of Georgia, USA.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was ALPHADEVWORKS, LLC.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is ALPHADEVWORKS, LLC.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was FULTON COUNTY, STATE OF GEORGIA, USA.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am David A Williams, of ALPHADEVWORKS, LLC

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 6th day of May, 2019.


(Authorized Signature)

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

15 MAY 2019 10:03
ALPHADEVWORKS, LLC
FULTON COUNTY, GEORGIA

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

ALPHADEVWORKS, LLC

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

3305 Hill St

New Smyrna Beach

FL, 32169

Mailing Address

3305 Hill St

New Smyrna Beach

FL, 32169

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

To provide software consulting services

19 JUN - 3 PM 4:13
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF PALM BEACH

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 100,000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

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

Title/Name

President

David A Williams

Title/Name

Title/Name

Title/Name

Title/Name

Treasurer

Amy J Williams

Title/Name

Title/Name

Title/Name

SECRETARY
DIVISION OF
19 JUL - 3 PM W 13

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

David A. Williams

3305 Hill St

New Smyrna Beach, FL 32169

ARTICLE VII INCORPORATOR

THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

DAVID A. WILLIAMS

3305 Hill St

New Smyrna Beach, FL 32169

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.

David A. Williams
Signature/Registered Agent

5/6/2019
Date

David A. Williams
Signature/Incorporator

5/6/2019
Date