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COVER LETTER

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

SUBJECT: Domestication of my IL corp to FI

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

Frederick Bennett

Name (printed or typed)

525 Newport Dr. #E27

Address

Naples FL 34114

City, State & Zip

314-406-3125

Daytime Telephone Number

fbennett@atnnet.com

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

CERTIFICATE OF DOMESTICATION

Tlı	_{e undersigned,} Frederick Bennett	President		
	(Name)	(Title)	,	
of	Automated Test and Network Communica	ations Inc. a for	reign corporation,	
in :	(Corporation Name) accordance with s. 607.1801, Florida Statutes, does her			
١.	The date on which corporation was first formed was _	October 23	, 2008	
2.	The jurisdiction where the above named corporation we came into being was	as first formed, incorpora		
3.	The name of the corporation immediately prior to the filing of this Certificate of Domestication was Automated Test and Network Communications Inc.			
4.				
5.	The jurisdiction that constituted the seat, siege social, administration of the corporation, or any other equival immediately before the filing of the Certificate of Don Illinois	ent jurisdiction under app		
	Attached are Florida articles of incorporation to complete s. 607.1801. Frederick Bennett and Automated Test and		·	
ı aı	m Frederick Bennett , of Automated Test and	THE WORK COMMUNIC		
	d am authorized to sign this Certificate of Domesticatio this the 22 day of October	n on behalf of the corpora	tion and have done , 2019 .	
	(Authorized Signa	ature)		
	Filing Fee: Certificate of Domestication Articles of Incorporation and Certif Total to domesticate and file	\$ 50.00 ied Copy <u>\$ 78.75</u> \$128.75	FILED 2019 OCT 28 PK 1: SECRETARY OF SIM	

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Automated Test and Network Communications Inc.

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRE Principal Address	ess is: Mailing Address
525 Newport Dr. #E27	525 Newport Dr. #E27
Naples, FL 34114	Naples, FL 34114
ARTICLE III PURPOSE	
THE PURPOSE FOR WHICH THE CORPORATION IS OF Technology Sales	GANIZED:

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLE	s:
Title/Name	Title/Name
President, Frederick Bennett	
525 Newport Dr. #E27	
Naples, FL 34114	
Title/Name	Title/Name
Title/Name	Title/Name
Title/Name	Title/Name

ARTICLE IV SHARES
THE NUMBER OF SHARES OF STOCK IS: 100

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS: Frederick Bennett 525 Newport Dr. #E27 Naples, FL 34114 ARTICLE VII **INCORPORATOR** THE NAME AND ADDRESS OF THE INCORPORATOR IS: Frederick Bennett 525 Newport Dr. #E27 Naples, FL 34114 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. 10-22-2019

Date

Date

10-22-2019

Signature/Registered Agent