| (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: | | | |
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Office Use Only

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CERTIFICATE OF DOMESTICATION

| The undersigned. John J. Pistoia | , President |
|--|--|
| (Name) | (Title) |
| of Justin Gregory Consulting, Inc. | a foreign corporation, |
| (Corporation Name) in accordance with s. 607.1801, Florida Statutes, doe | · |
| 1. The date on which corporation was first formed v | vas February 10th 2014 |
| The jurisdiction where the above named corporat came into being was New York | ion was first formed, incorporated, or otherwise |
| 3. The name of the corporation immediately prior to was Justin Gregory Consulting, Inc. | the filing of this Certificate of Domestication |
| 4. The name of the corporation, as set forth in its arr | ticles of incorporation, to be filed pursuant to |
| s. 607.0202 and 607.0401 with this certificate is Justin Gregory Consulting, Inc. | |
| The jurisdiction that constituted the seat, siege so administration of the corporation, or any other eq immediately before the filing of the Certificate of Suffolk County | uivalent jurisdiction under applicable law, |
| 6. Attached are Florida articles of incorporation to c to s. 607.1801. | omplete the domestication requirements pursuan |
| Tam President, of Justin Gregory C | onsulting, Inc. |
| and am authorized to sign this Certificate of Domesti so this the 31 day of October | cation on behalf of the corporation and have don 2019 |
| Authorized | SON THE PROPERTY OF THE PROPER |
| Filing Certificate of Domestication | Fee: \$ 50.00 & & |
| Articles of Incorporation and C Total to domesticate and file | |

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

| Justin Gregory Consulting, Inc. | |
|---|---------------------------------------|
| ARTICLE II PRINCIPAL OFFICE THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRES Principal Address 1010 Bear Lake Drive | Mailing Address 1010 Bear Lake Drive |
| Rockledge Fl. 32955 | Rockledge Fl. 32955 |
| | |
| The purpose for which the corporation is ord Information Technology Co | |
| | J |
| | |
| | |
| | |

| THE NUMBER OF SHARES OF STOCK IS: 10 | 00 | |
|--|------------|----------|
| ARTICLE V INITIAL DIRECTORS THE NAME(S) AND ADDRESS(ES) AND SPECIE | | |
| President/John J. Pisto | Title/Name | |
| Title/Name | Title/Name | |
| | | |
| Title/Name | Title/Name | 2019 NOV |
| | | SSET + F |
| Title/Name | Title/Name | ္ ယ |

ARTICLE IV SHARES

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

John J. Pistoia

1010 Bear Lake Drive

Rockledge Fl. 32955

ARTICLE VII INCORPORATOR

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

John J. Pistoia

1010 Bear Lake Drive

Rockledge Fl. 32955

2019 NOV -4 AM 8: 33

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

Signature/Incorporator

10/31/19

Date

10/31/19

Date