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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 DEC 23 PM 12:02  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

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

SUBJECT: Active Identity Management, Inc.

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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Robert M. Allen, II

Name (printed or typed)

11954 Narcoossee Road, Suite 403

Address

Orlando, FL 32832

City, State & Zip

410-937-7935

Daytime Telephone Number

rallen@activeidm.com

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

## CERTIFICATE OF DOMESTICATION

The undersigned, Robert M. Allen II, President  
(Name) (Title)

of Active Identity Management, Inc. 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 November 14, 2003.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Nevada.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Active Identity Management, Inc.
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 Active Identity Management, Inc.
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 Florida.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President, of Active Identity Management, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 18th day of December, 2019

  
(Authorized Signature)

### Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
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**ARTICLES OF INCORPORATION**  
*IN COMPLIANCE WITH CHAPTER 607, F.S.*

**ARTICLE I    NAME**

*THE NAME OF THE CORPORATION SHALL BE:*

Active Identity Management, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

*THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:*

Principal Address

Mailing Address

11954 Narcoossee Road

11954 Narcoossee Road

Suite 403

Suite 403

Orlando, FL 32832

Orlando, FL 32832

**ARTICLE III    PURPOSE**

*THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:*

any lawful act concerning any or all lawful business for which corporations may be organized under the laws of the State of Florida

**ARTICLE IV    SHARES**

THE NUMBER OF SHARES OF STOCK IS: 75,000

**ARTICLE V   INITIAL DIRECTORS AND/ OR OFFICERS**

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

Title/Name

Robert M. Allen, II/Director/President

11954 Narcoossee Road, Suite 403

Orlando, FL 32819

Title/Name

Curt A. Kellenberger/Director/CFO

1810J York Road, Suite 107

Lutherville, MD 21093

Title/Name

Raymond Nalette/Director/COO

11954 Narcoossee Road, Suite 403

Orlando, FL 32832

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

*THE NAME AND FLORIDA STREET ADDRESS (IT DOES NOT ACCEPTABLE FOR THE REGISTERED AGENT TO BE A MEMBER OF THE CORPORATION)*

Robert M. Allen, II

11954 Narcoossee Road, Suite 403

Orlando, FL 32832

**ARTICLE VII INCORPORATOR**

*THE NAME AND ADDRESS OF THE INCORPORATOR*

Robert M. Allen, II

11954 Narcoossee Road, Suite 403


Orlando, FL 32832

\*\*\*\*\*  
*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

12/18/19

Date

  
Signature/Incorporator

12/18/19

Date