

P200 0000 6981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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19 DEC 30 AM 11:00

JAN 2 2019

## COVER LETTER

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

SUBJECT: ADROIT DESIGNS 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

ADROIT DESIGNS INC

Name (printed or typed)

2217 N EAST 19TH AVE

Address

WILTON MANORS, FL 33305

City, State & Zip

970-331-9538

Daytime Telephone Number

CHRIS @ DESIGNADROITLY.COM

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

## CERTIFICATE OF DOMESTICATION

The undersigned, CHRISTOPHER CHESTER, PRESIDENT  
(Name) (Title)

of ADROIT DESIGNS 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 11/13/15.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was ILLINOIS.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was ADROIT DESIGNS 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 ADROIT DESIGNS 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 ILLINOIS.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am PRESIDENT, of ADROIT DESIGNS INC

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 31 day of DECEMBER 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

19 DEC 03 AM 11:09  
CORPORATION DIVISION

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

**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE:

ADROIT DESIGNS INC

**ARTICLE II PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address

Mailing Address

2217 N EAST 19TH AVE

2217 N EAST 19TH AVE

WILTON MANORS, FL

WILTON MANORS, FL

33305

33305

**ARTICLE III PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

INTERIOR DESIGN SERVICE

FILED  
CLERK OF DISTRICT COURT  
JAN 11 2011  
CORPORATION

**ARTICLE IV    SHARES**

THE NUMBER OF SHARES OF STOCK IS: 100

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

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

Title/Name

CHRISTOPHER CHESTER

2217 N EAST 19TH AVE

WILTON MANORS, FL 33305

Title/Name

PRESIDENT

Title/Name

CHRISTOPHER CHESTER

2217 N EAST 19TH AVE

WILTON MANORS, FL 33305

Title/Name

DIRECTOR

Title/Name

Title/Name

Title/Name

Title/Name

**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 JOSEPH GRIFFIN, ORA

2217 EAST 19TH AVE

WILTON MANORS, FL 33305

**ARTICLE VII INCORPORATOR**

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

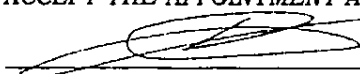
CHRISTOPHER CHESTER

2217 EAST 19TH AVE

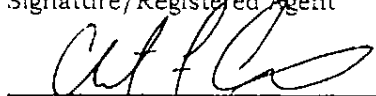
WILTON MANORS, FL 33305

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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

12/31/19  
Date

  
Signature/Incorporator

12/31/19  
Date

19111100  
19111100