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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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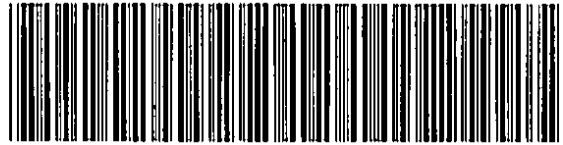
(Business Entity Name)

(Document Number)

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2020 AUG 28 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FL

N CULL

SEP 18 2020

COVER LETTER

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

SUBJECT: Domestication of Ameliorate Data Solutions, Inc. (New Hampshire)

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	<u>\$ 78.75</u>
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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From: Timothy Marecki, Esq.

Name (printed or typed)

8461 Lake Worth Rd. #209

Address

Lake Worth, FL 33467

City, State & Zip

561-847-2868

Daytime Telephone Number

eric@adsdatadirect.com

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

44-110

2020 AUG 28 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FL

Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, Eric Nelson, President
(Name) (Title)

of Ameliorate Data Solutions, Inc., a foreign
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of
Domestication.

1. Then name of the domesticating corporation is _____
Ameliorate Data Solutions, Inc. (Foreign Corporation)

2. The jurisdiction and date of its formation is New Hampshire, 5/16/2012

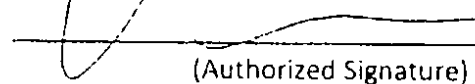
3. The name of the domesticated corporation is _____
Ameliorate data Solutions, Inc.

4. The jurisdiction of formation of the domesticated corporation is **Florida**

5. The domestication corporation is a foreign corporation and the domestication was
approved in accordance with its organic law.

6. Attached are Florida Articles of Incorporation to complete the domestication
requirements pursuant to s. 607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.



(Authorized Signature)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Ameliorate Data Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

8461 Lake Worth Rd. #201

Mailing Address

8461 Lake Worth Rd. #201

Lake Worth, FL 33467

Lake Worth, FL 33467

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Any and all lawful business

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 200

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

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

Timothy Marecki

8461 Lake Worth Rd. #209

Lake Worth, FL 33467

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

Date

4.30.2020

ARTICLE V DIRECTORS AND/ OR OFFICERS

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

Name & Title: Eric Nelson, President

Address: 8461 Lake Worth Rd. #201

Lake Worth, FL

33467

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

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Name & Title: _____

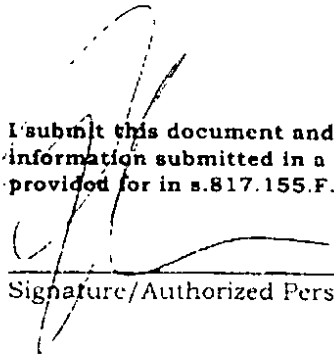
Address: _____

SECRETARY OF STATE
TALLAHASSEE, FL

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FILED

I submit this document and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155.F.S.



Signature/Authorized Person

8/30/20

Date