

10/16/2020

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : I20070000020

Phone : (813)435-3176

Fax Number : (813)333-6358

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## DOMESTICATION

## FLORIDA ASSOCIATES VENTURES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$120.00

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OCT 16 2020

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## COVER LETTER

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

SUBJECT: DOMESTICATION OF FLORIDA ASSOCIATES, INC.

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	\$ 78.75
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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From: THE LAW OFFICES OF NICK SPRADLIN, PLLC

Name (printed or typed)

2202 N. WEST SHORE BLVD. #200

Address

TAMPA FL 33607

City, State & Zip

813.435.3176

Daytime Telephone Number

NS@NICKSPRADLIN.COM

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

INHS53 (3/20)

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Articles of Domestication  
Foreign Corporation Domesticating to Florida

The undersigned, JAMES SCOGNAMIGLIO PRESIDENT  
(Name) (Title)  
of FLORIDA ASSOCIATES, 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 FLORIDA ASSOCIATES, INC.  
(Foreign Corporation)
2. The jurisdiction and date of its formation is MONTANA
3. The name of the domesticated corporation is FLORIDA ASSOCIATES VENTURES, 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)

2020 OCT 16 AM 11:56  
F11 2:00  
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**ARTICLES OF INCORPORATION**  
**IN COMPLIANCE WITH CHAPTER 607, F.S.**

**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE:

FLORIDA ASSOCIATES VENTURES, INC.**ARTICLE II PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

1451 West Cypress Creek RoadFort Lauderdale Fl 33309

Mailing Address

1451 West Cypress Creek RoadFort Lauderdale Fl 33309

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**ARTICLE III PURPOSE**THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:  
ANY AND ALL LEGAL PURPOSES**ARTICLE IV SHARES**THE NUMBER OF SHARES OF STOCK IS: 10,000**ARTICLE VI REGISTERED AGENT AND STREET ADDRESS**THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:JAMES SCOGNAMIGLIO1451 West Cypress Creek RoadFort Lauderdale Fl 33309

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.

JAMES SCOGNAMIGLIO  
Signature/Registered Agent

10/13/2020  
Date

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**ARTICLE V DIRECTORS AND/ OR OFFICERS***THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:*

Name &amp; Title: JAMES SCOGNAMIGLIO DPST

Address: 1451 West Cypress Creek Road

Fort Lauderdale FL 33309

Name &amp; Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name &amp; Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name &amp; Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name &amp; Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name &amp; Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name &amp; Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name &amp; Title: \_\_\_\_\_

Address: \_\_\_\_\_

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 Person10/13/2020  
\_\_\_\_\_  
Date

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