

(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

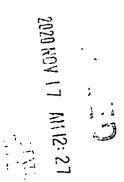
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COVER LETTER

Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:

Domestication of Artisan Financial Services, Inc.

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

FEES:

Certificate of Domestication

Articles of Incorporation and Certified Copy <u>\$.78.75</u>

Total filing fee \$128.75

OPTIONAL:

Certificate of Status \$ 8.75

From:

Richard Battista

Name (printed or typed)

3903 Northdale Blvd, Suite 100E

Address

S = 50.00

Tampa, FL 33624

City, State & Zip

404-831-5766

Daytime Telephone Number

maria.stoney@aol.com

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

INHS53 (3/20)

Articles of Domestication Foreign Corporation Domesticating to Florida

The ur	ndersigned,	Richard Battista	President	
	.	(Name)	(Title)	
of Ar	tisan Fir	nancial Services, Inc	, a foreign	
Dome	stication.	cordance with s. 607.11922, Florida		
1.	Then name of the domesticating corporation is Artisan Financial Services, Inc (Foreign Corporation)			
			·	
2.	The jurisdiction and date of its formation is Georgia, 8-14-2000			
3.	Artisan Financial Services Inc			
4.	The jurisdi	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.			
l certif	y I am auth	orized to sign these Art icles of Dome	Datuta	
		(Authoriz	ed Signature)	

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME	
THE NAME OF THE CORPORATION SHALL BE:	
Artisan Financial Services, Inc.	
ARTICLE II PRINCIPAL OFFICE	•
THE PRINCIPAL PLACE OF BUSINESS/MAILING	ADDRESS IS:
Principal Address 3903 Northcale Blvd	Mailing Address
Suite 100E	
Tampa, FL 33624	
ARTICLE III PURPOSE THE PURPOSE FOR WHICH THE CORPORATION The corporation may engage in any activity or business	IS ORGANIZED: spermitted under the laws of the United States of America and
the State of Florida, and all acts or statutes amendatory t	hereof and supplemental thereto.
ARTICLE IV SHARES	
THE NUMBER OF SHARES OF STOCK IS: 100	
ARTICLE VI REGISTERED AG	ENT AND STREET ADDRESS
THE NAME AND FLORIDA STREET ADDRESS	P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:
Maria Stoney	
3903 Northdale Blvc, Suite 100€	
Tampa, FL 33624	
	ENT AND TO ACCEPT SERVICE OF PROCESS FOR THE
	CE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR EGISTERED AGENT AND AGREE TO ACT IN THIS
CAPACITY.	EGISTERED AGENT AND AGREE TO ACT IN THIS
Maria Stene	11-9-20 Date
Signature/Registered Agent	Date

ARTICLE V DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES: Richard Battista, President Name & Title: Name & Title: ______ 3903 Northdale Bvd, Suite 100E Address: Address: Tampa, FL 33624 Richard Battista, Sec/Treas Name & Title: Name & Title: 3903 Northdale Blvd, Suite 100E Address: Address: Tampa, FL 33624 Richard Battista, V Pres Name & Title: Name & Title: 3903 Northdale Blvd, Suite 100E Address: Address: Tampa, FL 33624 Name & Title: Address: 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 Person

11-9-20 Date