P210000 30578

_		
(Re	equestor's Name)	
(Ad	idress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	<u></u>
(2)	,	•
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300363159163

04/02/21--01030--011 **128.75

21 ÅPR -2 BH 2: 06



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

		
BEARDMAN COM	MPANY CORP	
		K Art of Inc. File Domestication
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
		Vehicle Search
	 	Driving Record
Requested by: Seth	04/01	UCC 1 or 3 File
Name	Date Time	UCC 11 Search
rune	Date Hill	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

COVER LETTER

Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:

DOMESTICATION OF BEARDMAN COMPANY CORP. A DELAWARE CORPORATION

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

From:

MICHAEL SARABJIT, CPA

Name (printed or typed)

269 N UNIVERSITY DRIVE, SUITE B

Address

PEMBROKE PINES, FL 33024

City, State & Zip

954.893.1399

Daytime Telephone Number

MICHAEL SARABJIT@YAHOO.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, DANILO VAR	RIALE ,	PRESIDENT	
	-	Name)	(Title)	a foreign
	ration, in accordance with s. 60° stication.	7.11922, Florida	Statutes, submit thes	e Articles of
1.	Then name of the domesticati	ng corporation i	s	
	BEARDMAN COMPA	NY CORP.	(Foreign Co 	rporation)
2.	The jurisdiction and date of its	formation is $\underline{\square}$	ELAWARE, 12	/28/2016
3.	The name of the domesticated	corporation is		
	BEARDMAN COMPA	-		
		•		
4.	The jurisdiction of formation of	f the domestica	ted corporation is Flo	rida
5.	5. The domestication corporation is a foreign corporation and the domestication was approved in accordance with its organic law.			
6.	6. Attached are Florida Articles of Incorporation to complete the domestication requirements pursuant to s.607.0202, F.S.			
l certif	y I am authorized to sign these	Articles of Dome	estication on behalf o	f the corporation.
		(Authoriz	ed Signature)	

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME THE NAME OF THE CORPORATION SHALL.	RF.
BEARDMAN COMPANY CORP.	1.4150
BEANDMAN COMPANT CORF.	
ARTICLE II PRINCIPAL OFF	
THE PRINCIPAL PLACE OF BUSINESS/MAI	LING ADDRESS IS:
Principal Address 17922 SW41ST STREET	Mailing Address 17922 SW 41ST STREET
MIRAMAR, FL 33029	MIRAMAR, FL 33029
ARTICLE III PURPOSE	
THE PURPOSE FOR WHICH THE CORPOR ONLINE SALES OF HOUSEHOLD MERCHAND	
ADTICLE IV SUADES	
ARTICLE IV SHARES THE NUMBER OF SHARES OF STOCK IS:	1000
	D AGENT AND STREET ADDRESS RESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS
IIII. MAINE AND PORIDA STREET ADDR	<u>255</u> (F.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT E
MIKE'S TAX AND ACCOUNTING, INC.	
269 N UNIVERSITY DRIVE, SUITE B	
PEMBROKE PINES, FL 33024	
	D AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE
	PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR
WITH AND ACCEPT THE APPOINTMENT CAPACITY.	AS REGISTERED AGENT AND AGREE TO ACT IN THIS
MICHAEL SARABJIT	03 30.2021
Signature/Registered Agent	Date

ARTICLE V DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND Name & Title:	DADDRESS(ES) AND SPECIFIC TITLES: DANILO VARRIALE, PRESIDENT		
Address:	17992 SW 41ST STREET	Address:	
	MIRAMAR, FL 33029		
Name & Title: Address:			
Name & Title: Address:			
Name & Title: Address:			
I submit this do information sub provided for in s	cument and affirm that the facts stat mitted in a document to the Departn i.817.155.F.S.	ted herein are true. In nent of State constitu	am aware that false utes a third degree felony as $03.30.2021$ Date