

P2100053861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

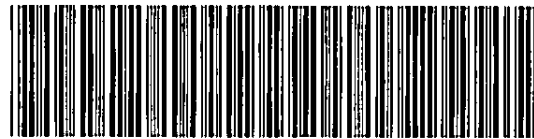
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W21000060367

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03/26/21--01021--L15 **137.50

FILED
2021 MAY 24 PM 1:36
CLERK OF COURT
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 3, 2021

ROBERT G. SCHRADER, ESQ
PO BOX 397
NORTH CONWAY, NH 03860

SUBJECT: PROMATIX, INC.
Ref. Number: W21000060367

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TALLAHASSEE, FLORIDA

We have received your document for PROMATIX, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the date in which it was originally formed on in its home state.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon
Regulatory Specialist II Supervisor

Letter Number: 621A00009186

2021 MAY 24 PM 2:42
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Promatix, Inc. Domestication to Florida from California

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	<u>YES Please!</u>	\$ 8.75
		<u>\$ 137.50</u>

From: Robert G. Schrader, Esq.

Name (printed or typed)

PO Box 397

Address

North Conway, NH 03860

City, State & Zip

603-662-6225

Daytime Telephone Number

bob.schrader.esq@gmail.com

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

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TALLAHASSEE, FLORIDA

2021 MAY 24 PM 1:36

Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, Solstis Bust Chief Executive Officer
(Name) (Title)

of Promatix, 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 Promatix, Inc.
(Foreign Corporation)

2. The jurisdiction and date of its formation is California Jan 11, 2018

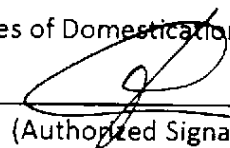
3. The name of the domesticated corporation is Promatix, Inc.

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)

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2021 MAY 24 PM 1:36
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Promatix, Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

231 22nd Ave N St Petersburg, FL 33704

Mailing Address

231 22nd Ave N St Petersburg, FL 33704

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Any legal purpose.

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 10,000,000

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

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

Solstis Bust

231 22nd Ave N St Petersburg, FL 33704

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

03-11-2021

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CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

ARTICLE V DIRECTORS AND/ OR OFFICERS

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

Name & Title: Solstis Bust, Director/Pesident

Address: 231 22nd Ave N St Petersburg, FL 33704

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

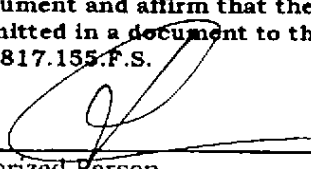
Name & Title: _____

Address: _____

Name & 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 Person

03-11-2021
Date

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2021 MAY 24 PM 1:36
TALLAHASSEE, FLORIDA