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(Requestor's Name)

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(City/State/Zip/Phone #)

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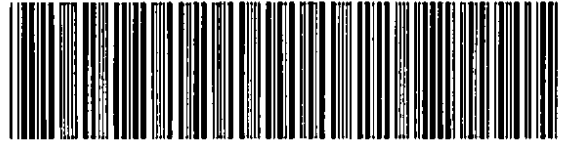
(Business Entity Name)

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COVER LETTER

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

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SUBJECT: DOMESTICATION OF 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
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From:

RASHI SHAMSHABAD

Name (printed or typed)

24 FAIRFIELD AVE

Address

ALBANY NY 12205

City, State & Zip

5184000425

Daytime Telephone Number

INNOSOUL@GMAIL.COM

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

**Articles of Domestication
Foreign Corporation Domesticating to Florida**

The undersigned, **RASHI SHAMSHABAD** **PRESIDENT**
(Name) (Title)

of **INNOSOUL, 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 **INNOSOUL, INC.**
(Foreign Corporation)
_____.
2. The jurisdiction and date of its formation is **NEW YORK 08/07/2009**
3. The name of the domesticated corporation is **INNOSOUL, 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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ARTICLE V DIRECTORS AND/ OR OFFICERS

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

Name & Title: RASHI SHAMSHABAD

Name & Title: _____

Address: 24 FAIRFIELD AVE

Address: _____

ALBANY NY 12205

Name & Title: _____

Name & Title: _____

Address: _____

Address: _____

Name & Title: _____

Name & Title: _____

Address: _____

Address: _____

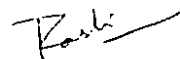
Name & Title: _____

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

04/02/2021

Date

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

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

INNOSOUL, INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

17888 67th Court North

Loxahatchee, FL 33470

Mailing Address

17 CHRISTINA DR

SCHENECTADY NY 12303

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

SOFTWARE DEVELOPMENT AND IT CONSULTING SERVICES, ANY LEGAL PURPOSE

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:

InCorp Services, Inc.

17888 67th Court North

Loxahatchee, FL 33470

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.

Vanissa Moon Vanissa Moon on behalf of InCorp Services, Inc.
Signature/Registered Agent

04/02/2021

Date