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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

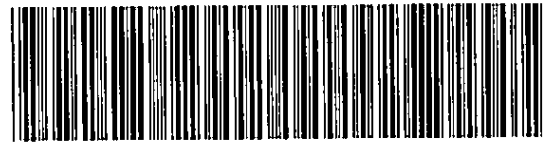
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## COVER LETTER

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

SUBJECT: Domestication of Petri Enterprises, 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	\$ <u>78.75</u>
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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**From:** Matthew T. Harrod

Name (printed or typed)

822 A1A North, Suite 310

Address

Ponte Vedra Beach, FL 32082

City, State & Zip

(904) 473-4995

Daytime Telephone Number

mharrod@mattharrod.com

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

Articles of Domestication  
Foreign Corporation Domesticating to Florida

The undersigned, Joseph Petri, President  
(Name) (Title)

of Petri Enterprises, 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 Petri Enterprises, Inc.  
(Foreign Corporation)

2. The jurisdiction and date of its formation is New York, 1/3/2013

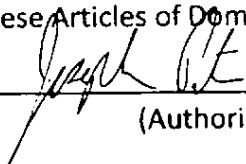
3. The name of the domesticated corporation is Petri Enterprises, Inc.

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

**ARTICLE I    NAME**

THE NAME OF THE CORPORATION SHALL BE:

Petri Enterprises, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

332 Tavernier Dr.

Ponte Vedra, FL 32081

Mailing Address

332 Tavernier Dr.

Ponte Vedra, FL 32081

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**ARTICLE III    PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:  
any lawful purpose.

**ARTICLE IV    SHARES**

THE NUMBER OF SHARES OF STOCK IS: 2000

**ARTICLE VI    REGISTERED AGENT AND STREET ADDRESS**

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

Harrod Law, PLLC

822 A1A North, Suite 310

Ponte Vedra Beach, FL 32082

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.

Li

Signature/Registered Agent

Date

8/13/21

**ARTICLE V DIRECTORS AND/ OR OFFICERS**

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

Name & Title: Joseph Petri, President/Treasurer  
Address: 332 Tavernier Dr.  
Ponte Vedra, FL 32081

Name & Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name & Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name & Title: \_\_\_\_\_  
Address: \_\_\_\_\_

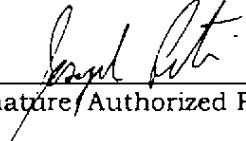
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Address: \_\_\_\_\_

**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

8-14-21  
\_\_\_\_\_  
Date