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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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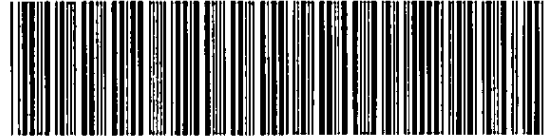
(Business Entity Name)

(Document Number)

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Articles of Domestication  
Foreign Corporation Domesticating to Florida

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The undersigned, Daisy A. Zibrida President  
(Name) (Title)

of A2Z AND D CABLING, 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 A2Z AND D CABLING, INC.  
(Foreign Corporation)  
\_\_\_\_\_
2. The jurisdiction and date of its formation is Illinois, February 8, 2007
3. The name of the domesticated corporation is A2Z AND D CABLING, 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.

Daisy A. Zibrida  
(Authorized Signature)

SECRETARY OF STATE  
DIVISION OF CORPORATION  
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**ARTICLES OF INCORPORATION**  
IN COMPLIANCE WITH CHAPTER 607, F.S.

**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE:

A2Z AND D CABLING, INC.

**ARTICLE II PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address	Mailing Address
<u>613 Lake Kerry Dr.</u>	<u>613 Lake Kerry Dr.</u>
<u>St. Cloud, FL 34769</u>	<u>St. Cloud, FL 34769</u>

**ARTICLE III PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

**ARTICLE IV SHARES**

THE NUMBER OF SHARES OF STOCK IS: 100

**ARTICLE VI REGISTERED AGENT AND STREET ADDRESS**

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

Daisy A Zibrida  
613 Lake Kerry Dr.  
St. Cloud, FL 34769

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

10/22/21  
Date

**ARTICLE V DIRECTORS AND/ OR OFFICERS**

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

Name & Title: Daisy A. Zibrida, Dir./Pres.

Address: 613 Lake Kerry Dr.  
St. Cloud, FL 34769

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

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

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

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

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

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

Name & Title: Andrew A. Zibrida, Dir./Treas./Sec.

Address: 613 Lake Kerry Dr.  
St. Cloud, FL 34769

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

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

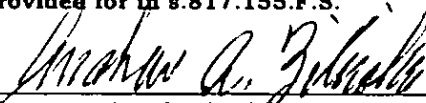
Name & Title: \_\_\_\_\_

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

10/22/21  
Date