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COVER LETTER


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

SUBJECT: DOMESTICATION TO FL OF MAUI RIPPERS 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: JOHN KENNEALLY

Name (printed or typed)

1701 SAN PABLO RD S UNIT 329

Address

JACKSONVILLE FL 32224

City, State & Zip

904-217-6363

Daytime Telephone Number

john@jacksonvilletaxaccountants.com

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

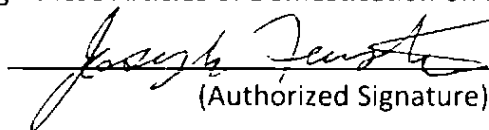
Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, JOSEPH FAUSTINE, PRESIDENT
(Name) (Title)

of MAUI RIPPERS, 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 MAUI RIPPERS, INC.
(Foreign Corporation)
2. The jurisdiction and date of its formation is Hawaii, March 12, 2004
3. The name of the domesticated corporation is MAUI RIPPERS, 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)

2004 DEC -8 AM 9:55
FILED IN 1-1000

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

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

MAUI RIPPERS, INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address	Mailing Address
<u>Maui Rippers Inc.</u>	<u>Maui Rippers Inc.</u>
<u>8550 A1A-S</u>	<u>8550 A1A-S</u>
<u>St Augustine Fl. 32080</u>	<u>St Augustine Fl. 32080</u>

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 1000

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

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

Joseph Faustine

8550 A1A-S

St Augustine Fl. 32080

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

11/2/2021
Date

ARTICLE V DIRECTORS AND/ OR OFFICERS

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

Name & Title: JOSEPH FAUSTINE, PRESIDENT
Address: 8550 A1A-S
St Augustine Fl. 32080

Name & Title: _____
Address: _____

Name & Title: _____
Address: _____

Name & Title: _____
Address: _____

Name & Title: MARY FAUSTINE, VICE PRESIDENT
Address: 8550 A1A-S
St Augustine Fl. 32080

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

11/2/2021

Date