PZZW00000506

(Requestor's Name)				
(Ad	dress)			
(Address)				
(Cit	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
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(00	Siness Limity Warr	c,		
(00	cument Number)			
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
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Office Use Only



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COVER LETTER

Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:

Domestication in Florida

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

From: Suzanne Allard

Name (printed or typed)

4769 Juniper Drive

Address

\$ 8.75

Palm Harbor, FL 34685

City, State & Zip

434-989-6864

Daytime Telephone Number

suzanne@odysseyhps.com

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

INHS53 (3/20)



December 21, 2021

SUZANNE ALLARD 4769 JUNIPER DR PALM HARBOR, FL 34685

SUBJECT: ODYSSEY, INC. Ref. Number: W21000143432

We have received your document for ODYSSEY, INC. and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Letter Number: 121A00026754

Jessica A Fason Regulatory Specialist II

www.sunbiz.org

DO TO THE DO DOY COOK MULLINGS THE SECOND

Articles of Domestication Foreign Corporation Domesticating to Florida

The ur	undersigned, Suzanne Allard P	resident				
	(Name)	(Title)				
of O	Odyssey Coaching	NC ,, a foreign				
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of						
Domestication. O DYSSEY						
1. Then name of the domesticating corporation is Odyssey, Inc. Coach						
	(Foreign Corporation)					
		<u> </u>				
2.	2. The jurisdiction and date of its formation is October 25, 2021					
2	-Advssay Jpa-					
э.						
	<u> </u>	SEY Coaching, Inc.				
4.	I. 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.	5. 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.						
Suzanne Allard						
(Authorized Signature)						

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME	
THE NAME OF THE CORPORATION SHALL BE:	
Odverey, Inc. ONSE	4 COACHING, INC.
ARTICLE II PRINCIPAL OFFICE	r.
THE PRINCIPAL PLACE OF BUSINESS/ MAILING	
Principal Address 4769 Juniper Drive	Mailing Address 4769 Juniper Drive
4769 30 liper Drive	4709 Stanper Drive
Palm Harbor, FL 34685	Palm Harbor, FL 34685
	•
ARTICLE III PURPOSE	
THE PURPOSE FOR WHICH THE CORPORATIO	IN IS ORGANIZED:
Management Consulting	·
ARTICLE IV SHARES	
THE NUMBER OF SHARES OF STOCK IS: 5,000	<u> </u>
ARTICLE VI REGISTERED A	GENT AND STREET ADDRESS
	(P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:
1700 L	
4769 Juniper Drive	
Palm Harbor, FL 34685	
	
	ENT AND TO ACCEPT SERVICE OF PROCESS FOR THE
	CE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR
WITH AND ACCEPT THE APPOINTMENT AS F CAPACITY.	REGISTERED AGENT AND AGREE TO ACT IN THIS
Suzanne Allard Signature/Registered Agent	10/25/2021
Signature/Registered Agent	Date

ARTICLE V DIRECTORS AND/ OR OFFICERS

• •	Suzanne Allard, President		Tim Allard, CEO
Name & Title:		Name & Title:	
Address:	4769 Juniper Drive	Address:	4769 Juniper Drive
	Palm Harbor, FL 34685		Palm Harbor, FL 34685
Name & Title:		Name & Title:	
Address:		Address:	
Name & Title:		Name & Title:	
Address:		Address:	
			· ·
Name & Title:		Name & Title:	
Address:		Address:	:
			 53
	ument and affirm that the facts st litted in a document to the Depar 817.155.F.S.		
Su	rized Person		10/25/2021
Signature/Autho	rized Person	_	Date