

P2200000 1103

(Requestor's Name)

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(Business Entity Name)

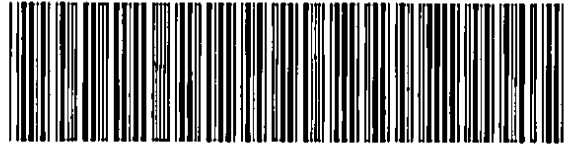
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DATE: 1/6/2022

NAME: DOMIFICUS INC

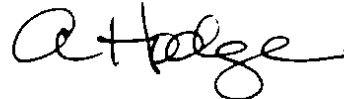
TYPE OF FILING: ARTICLES

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AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

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

SUBJECT: DOMIFICUS INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: ALEXANDER PETRUZZELLI

Name (Printed or typed)

8333 NW 53RD STREET, SUITE 450

Address

MIAMI, FL 33166

City, State & Zip

954-892-6939

Daytime Telephone number

DOMIFICUS@GMAIL.COM

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

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: DOMIFICUS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8333 NW 53 STREET, SUITE 450

MIAMI, FL 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALEXANDER PETRUZZELLI - P

Name and Title: _____

Address 8333 NW 53RD STREET, SUITE 450

Address: _____

MIAMI, FL 33166

Name and Title: EVELYN PETRUZZELLI - VP

Name and Title: _____

Address 8333 NW 53RD STREET, SUITE 450

Address: _____

MIAMI, FL 33166

Name and Title: ALEXANDER PETRUZZELLI - S

Name and Title: _____

Address 8333 NW 53RD STREET, SUITE 450

Address: _____

MIAMI, FL 33166

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TALLAHASSEE, FL

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MATTHEW R. SIMRING
Address: 7052 KIWANO WAY
WINDERMERE, FL 34786

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALEXANDER PETRUZZELLI
Address: 8333 NW 53RD STREET, SUITE 450
MIAMI, FL 33166

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1/6/2022 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent 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

Matthew R Simring

1/6/2022

Required Signature/Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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]
Required Signature/Incorporator

1/6/2022

Date

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