

P22000021025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

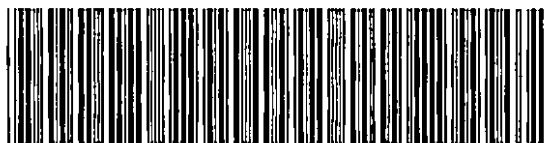
(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 MAR -8 AM 10:42

STATE
HALLMARKSSEE, FL

3-4-22

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2022 MAR -8 AM 10:13

STATE
HALLMARKSSEE, FL

AA

COVER LETTER

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

SUBJECT: File Articles of Domestication for HH Creations 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 |
|-----------------------|---------|

From: Lando Whitley

Name (printed or typed)

4309 W San Pedro St

Address

Tampa FL 33629

City, State & Zip

970-685-9740

Daytime Telephone Number

info@honestlyhealthyllc.com

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

Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, Lando Whitley, Owner
(Name) (Title)

of HH Creations 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 HH Creations Inc
(Foreign Corporation)
2. The jurisdiction and date of its formation is Colorado 03-31-2020
3. The name of the domesticated corporation is HH Creations 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)

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

HH Creations Inc

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

HH Creations Inc

4309 W San Pedro St

Tampa FL 33629

Mailing Address

HH Creations Inc

4309 W San Pedro St

Tampa FL 33629

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SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

The purpose of the corporation is to engage in any lawful activity for which corporations may be incorporated in this state.

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 100

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

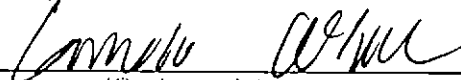
THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Lando Whitley

4309 W San Pedro St

Tampa FL 33629

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

02/25/22

Date

ARTICLE V DIRECTORS AND/ OR OFFICERS

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

| | | | |
|---------------|----------------------------------|---------------|-----------|
| Name & Title: | <u>Lando Whitley - President</u> | Name & Title: | <u>NA</u> |
| Address: | <u>4309 W San Pedro St</u> | Address: | <u>NA</u> |
| | <u>Tampa FL 33629</u> | | <u>NA</u> |
| | <u></u> | | <u>NA</u> |
| Name & Title: | <u>NA</u> | Name & Title: | <u>NA</u> |
| Address: | <u>NA</u> | Address: | <u>NA</u> |
| | <u>NA</u> | | <u>NA</u> |
| | <u>NA</u> | | <u>NA</u> |
| Name & Title: | <u>NA</u> | Name & Title: | <u>NA</u> |
| Address: | <u>NA</u> | Address: | <u>NA</u> |
| | <u>NA</u> | | <u>NA</u> |
| | <u>NA</u> | | <u>NA</u> |
| Name & Title: | <u>NA</u> | Name & Title: | <u>NA</u> |
| Address: | <u>NA</u> | Address: | <u>NA</u> |
| | <u>NA</u> | | <u>NA</u> |
| | <u>NA</u> | | <u>NA</u> |

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

02/25/22
Date

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2022 MAR -8 AM 10:18
TALLAHASSEE, FL
DEPARTMENT OF STATE