

3/22/22, 11:07 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : NATIONAL LICENSING CONSULTANTS, LLC  
Account Number : I20210000115  
Phone : (954)233-0222  
Fax Number : (813)441-8235

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
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**DOMESTICATION  
ARENAS, PARKS & STADIUMS SOLUTIONS, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$128.75

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## COVER LETTER

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

SUBJECT: ARENAS, PARKS & STADIUMS SOLUTIONS, 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	\$ 78.75
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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**From:**CHARITY BOWDEN

Name (printed or typed)

29157 CHAPEL PARK DR STE A

Address

WESLEY CHAPEL, FL 33543

City, State &amp; Zip

954-233-0222

Daytime Telephone Number

STATELICENSEINFO@GMAIL.COM

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

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INHS53 (3/20)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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Articles of Domestication  
Foreign Corporation Domesticating to Florida

The undersigned, CHASTITY BECKHAM, CEO/DIRECTOR  
(Name) (Title)

of ARENAS, PARKS & STADIUMS SOLUTIONS, 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 \_\_\_\_\_  
(Foreign Corporation)  
ARENAS, PARKS & STADIUMS SOLUTIONS, INC.
2. The jurisdiction and date of its formation is NEW YORK 08/09/2012
3. The name of the domesticated corporation is \_\_\_\_\_  
ARENAS, PARKS & STADIUMS SOLUTIONS, 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.

CJ Beckham  
(Authorized Signature)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE:

ARENAS, PARKS & STADIUMS SOLUTIONS, INC.**ARTICLE II PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

4700 MILLENIA BOULEVARD STE 175


Mailing Address

4700 MILLENIA BOULEVARD STE 175ORLANDO, FL 32839ORLANDO, FL 32839**ARTICLE III PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

ANY LEGAL PURPOSE, AS PERMITTED UNDER FLORIDA LAW**ARTICLE IV SHARES**THE NUMBER OF SHARES OF STOCK IS: 200**ARTICLE VI REGISTERED AGENT AND STREET ADDRESS**THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:NATIONAL LICENSING CONSULTANTS, LLC29157 CHAPEL PARK DR STE AWESLEY CHAPEL, FL 33543

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

Date

03/25/2022

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**ARTICLE V DIRECTORS AND/ OR OFFICERS****THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:**Name & Title: CHASTITY BECKHAM CEO/DIRECTORName & Title: VINCENT CACCAMO VP/DIRECTORAddress: 4700 MILLENIA BOULEVARD STE 175Address: 4700 MILLENIA BOULEVARD STE 175ORLANDO, FL 32839ORLANDO, FL 32839

Name &amp; Title: \_\_\_\_\_

Name &amp; Title: \_\_\_\_\_

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

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

Name &amp; Title: \_\_\_\_\_

Name &amp; Title: \_\_\_\_\_

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

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

Name &amp; Title: \_\_\_\_\_

Name &amp; Title: \_\_\_\_\_

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

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.

CJ Beckham  
Signature/Authorized Person03/25/2022  
Date

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