

P22000052474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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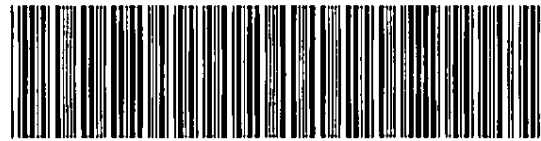
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. O'KEEFE

JUN 28 2022

COVER LETTER

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

SUBJECT: Kesin Pharma Corporation

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: Jeffrey Sherman

Name (printed or typed)

3874 Tampa Road

Address

Oldsmar, Fl. 34677

City, State & Zip

813 855-0700 x227

Daytime Telephone Number

shrmlw@cs.com

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

Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, Santo Carollo Secretary
(Name) (Title)
of Kesin Pharma Corporation, a foreign
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of
Domestication.

1. Then name of the domesticating corporation is Kesin Pharma Corporation
(Foreign Corporation)

2. The jurisdiction and date of its formation is Arizona, 11/20/2019

3. The name of the domesticated corporation is Kesin Pharma Corporation

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

KESIN PHARMA CORPORATION

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

3874 TAMPA ROAD, SUITE 103

OLDSMAR, FL. 34677

Mailing Address

3874 TAMPA ROAD, SUITE 103

OLDSMAR, FL. 34677

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:
ANY LAWFUL PURPOSE

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 1,000,000

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

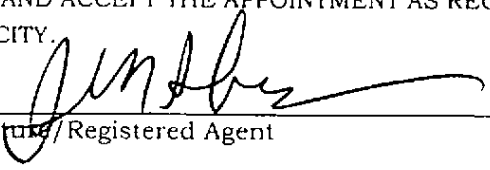
THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT IS:

JEFFREY SHERMAN

3874 TAMPA ROAD SUITE 200

OLDSMAR, FL. 34677

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE V DIRECTORS AND/ OR OFFICERS

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

Name & Title: ADAM SCHOENBAUM, PRES/DIR

Address: 3874 TAMPA ROAD
OLDSMAR, FL. 34677

Name & Title: _____

Address: _____

Name & Title: SANTO CAROLLO, SEC/TR/DIR

Address: 3874 TAMPA ROAD
OLDSMAR, FL. 34677

Name & Title: _____

Address: _____

Name & Title: STEVEN ESPOSITO, VP/DIR

Address: 3874 TAMPA ROAD
OLDSMAR, FL. 34677

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____


Name & Title: _____

Address: _____

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CLERK OF STATE
TALLAHASSEE, FL 32310

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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

Date