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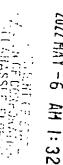
(Requestor's Name)		
(Address)		
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(City/Chang City/Dhana 40		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL	-	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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Office Use Only



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RECEIVED 2022 MAY - 6 PM 5: 21

Division of Corporations

April 19, 2022

CORPOMAX 2915 OGLETOWN ROAD NEWARK, DE 19713 US

SUBJECT: MISSION NORTH HOSPITALITY INC.

Ref. Number: W22000052204

We have received your document for MISSION NORTH HOSPITALITY INC. and your check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

Jalesa S Dennis Regulatory Specialist II

Letter Number: 222A00009174

2022 MAY -6 AH 1: 32

COVER LETTER

Department of State

Division of Corporations

P.O. Box 6327

Tallahassec, FL 32314

SUBJECT:

MISSION NORTH HOSPITALITY 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

From: VINCENT ALLARD

Name (printed or typed)

2915 OGLETOWN ROAD

Address

NEWARK, DE 19713

City, State & Zip

302-266-8200

Daytime Telephone Number

INFO@CORPOMAX.COM

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

Articles of Domestication Foreign Corporation Domesticating to Florida

The ur	ndersigned, EDWARD ZAKI	PRESIDENT		
	(Name)	(Title)		
of MISSION NORTH HOSPITALITY INC. , a foreign				
Dome	ration, in accordance with s. 607.11922, Floric stication.			
1.	Then name of the domesticating corporation	n is MISSION NORTH HOSPITALITY INC.		
		(Foreign Corporation)		
2.	The jurisdiction and date of its formation is	DELAWARE, MAY 17, 2018		
3.	The name of the domesticated corporation i	s MISSION NORTH HOSPITALITY INC.		
4.	The jurisdiction of formation of the domestic	eated cornoration is Florida		
٦.	The jurisdiction of formation of the domestic	Lated 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.			
l certif	y I am authorized to sign these Articles of Dor	mestication on behalf of the corporation.		
	(Author	rized Signature)		

F18000002984

2022 HAY -6 AH 1:32

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME	
THE NAME OF THE CORPORATION SHALL BE	E:
MISSION NORTH HOSPITALITY INC.	
ARTICLE II PRINCIPAL OFFI	
THE PRINCIPAL PLACE OF BUSINESS/ MAILE	NG ADDRESS IS:
Principal Address	Mailing Address
1592 MAIN STREET	1592 MAIN STREET
SARASOTA, FL 34236	SARASOTA, FL 34236
ARTICLE IV SHARES THE NUMBER OF SHARES OF STOCK IS: 1.5	
	AGENT AND STREET ADDRESS SS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:
EDWARD ZAKI	
1592 MAIN STREET	
SARASOTA, FL 34236	
ABOVE STATED CORPORATION AT THE P	AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR S REGISTERED AGENT AND AGREE TO ACT IN THIS

Signature/Registered Agent

03/28/2022

Date

ARTICLE V DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES: Name & Title: _ EDWARD ZAKI, PRESIDENT ALEXANDRE GOSSELIN, VICE PRESIDENT Name & Title: 1592 MAIN STREET 1592 MAIN STREET Address: Address: SARASOTA, FL 34236 SARASOTA, FL 34236 JOHNNY ZAKI, VICE PRESIDENT Name & Title: Name & Title: 1592 MAIN STREET Address: Address: SARASOTA, FL 34236 Name & Title: Name & Title: Address: Address: Name & Title: _ Name & 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. 03/28/2022 Signature/Authorized Person