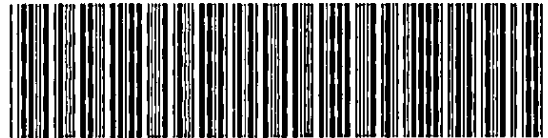


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: KINGSTONE PROPERTIES, INC DOMESTICATION

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: JONATHAN PLATT

Name (printed or typed)

3540 N 34TH AVENUE

Address

HOLLYWOOD, FL 33021

City, State & Zip

310-363-0100

Daytime Telephone Number

JPLATT@KINGSTONEPROPERTIES.COM

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

COVER LETTER

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

SUBJECT: DOMESTICATION OF KINGTONE PROPERTIES, 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: JONATHAN PLATT

Name (printed or typed)

3540 N 34TH AVENUE

Address

HOLLYWOOD, FL 33021

City, State & Zip

3120-363-0100

Daytime Telephone Number

JPLATT@KINGSTONEPROPERTIES.COM

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

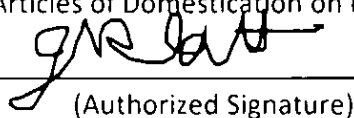
Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, JONATHAN PLATT MANAGER
(Name) (Title)

of KINGSTONE PROPERTIES, 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 KINGSTONE PROPERTIES, INC.
(Foreign Corporation)
2. The jurisdiction and date of its formation is CALIFORNIA . 5/31/2011
3. The name of the domesticated corporation is KINGSTONE PROPERTIES, 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)

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2022 AUG -3 AM 9:40
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FRANCHISING
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

KINGSTONE PROPERTIES, INC

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

3540 N 34TH AVENUE, HOLLYWOOD FL 33021

Mailing Address

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:
REAL ESTATE MANAGEMENT AND INVESTMENT

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 300

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

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

JONATHAN PLATT

3540 N 34TH AVENUE

HOLLYWOOD, FL 33021

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 of Registered Agent

8/3/2022

Date

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2022 AUG -3 AM 9:40
CLERK AND/OR VIDEO
FRANCHISING
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE V DIRECTORS AND/ OR OFFICERS

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

Name & Title: JOSEPH SEGAL, CEO

Address: 3640 N 34TH AVENUE
HOLLYWOOD, FL 33021

Name & Title: _____

Address: _____

Name & Title: JONATHAN PLATT, VICE PRESIDENT

Address: 3540 N 34TH AVE
HOLLYWOOD, FL 33021

Name & Title: _____

Address: _____

Name & Title: LIATTE PLATT, TREASURER

Address: 9626 BOLTON RD
LOS ANGELES, CA 90034

Name & Title: _____

Address: _____

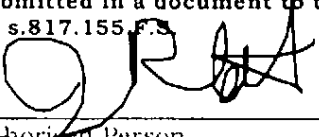
Name & Title: _____

Address: _____

Name & Title: _____

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.



Signature/Authorized Person

8/3/2022

Date