

P2200006 S/30

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(Address)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. O'KEEFE

AUG 22 2022

## COVER LETTER

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

SUBJECT: BIT DECISIONS SERVICES CORP

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: DAVID L HOLLINS II

Name (printed or typed)

15537 HONEY MANDARIN WAY

Address

WINTER GARDEN, FL 34787

City, State & Zip

513-724-0433

Daytime Telephone Number

david.hollins@bitdecisions.com

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

Articles of Domestication  
Foreign Corporation Domesticating to Florida

The undersigned, DAVID L HOLLINS II OWNER  
(Name) (Title)  
of BIT DECISIONS SERVICES CORP, a foreign  
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of  
Domestication.

1. Then name of the domesticating corporation is BIT DECISIONS SERVICES CORP  
(Foreign Corporation)

2. The jurisdiction and date of its formation is Ohio / June 17, 2019


3. The name of the domesticated corporation is BIT DECISIONS SERVICES CORP

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:

BIT DECISIONS SERVICES CORP

**ARTICLE II    PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address  
15537 HONEY MANDARIN WAY

Mailing Address  
15537 HONEY MANDARIN WAY

WINTER GARDEN, FL 34787

WINTER GARDEN, FL 34787

**ARTICLE III    PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:  
Any and all lawful business

**ARTICLE IV    SHARES**

THE NUMBER OF SHARES OF STOCK IS: 100,000

**ARTICLE VI    REGISTERED AGENT AND STREET ADDRESS**

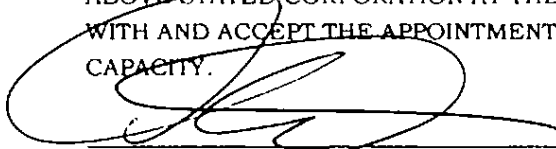
THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT IS:

DAVID L HOLLINS II

15537 HONEY MANDARIN WAY

WINTER GARDEN, FL 34787

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

8/5/2022

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CLERK OF CIRCUIT COURT  
TALLAHASSEE, FLORIDA

**ARTICLE V DIRECTORS AND/ OR OFFICERS**

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

Name & Title: DAVID L HOLLINS II, PRESIDENT

Address: 15537 HONEY MANDARIN WAY  
WINTER GARDEN, FL 34787

Name & Title: \_\_\_\_\_

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

Name & Title: \_\_\_\_\_

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

Name & Title: \_\_\_\_\_

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

Name & Title: \_\_\_\_\_

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Name & Title: \_\_\_\_\_

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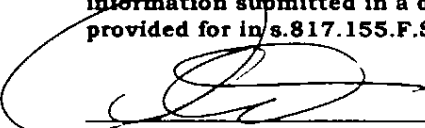
Name & Title: \_\_\_\_\_

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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 David Hollins II

8/5/2022  
Date