

P22000065556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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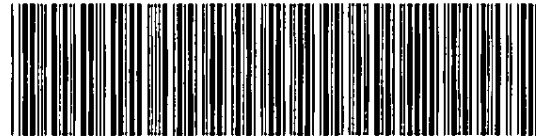
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Complete Asset Relocation Expert's 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: TAWFEQ AHMED

Name (printed or typed)

Post Office Box 941

Address

Marianna, Florida 32447

City, State & Zip

908-239-0655

Daytime Telephone Number

feek_jersey@yahoo.com

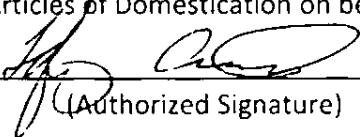
E-mail address: (to be used for future annual report notification)

Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, TAWFEQ AHMED, President
(Name) (Title)
of Complete Asset Relocation Expert's 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 Complete Asset Relocation Expert's Corp.
(Foreign Corporation)
_____.
2. The jurisdiction and date of its formation is Arizona, 10/20/2020
3. The name of the domesticated corporation is Complete Asset Relocation Expert's 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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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Complete Asset Relocation Expert's Corp.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address

2958 Meadowfield Court

Marianna, Florida 32446

Mailing Address

Post Office Box 941

Marianna, Florida 32447

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

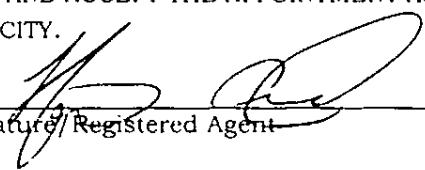
THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

TAWFEQ AHMED

2958 Meadowfield Court

Marianna, Florida 32446

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

07/26/22
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: Tawfeq Ahmed

Address: Post Office Box 941

Marianna, FL 32447

President

Name & Title: Tawfeq Ahmed

Address: Post Office Box 941

Marianna, FL 32447

Secretary

Name & Title: Tawfeq Ahmed

Address: Post Office Box 941

Marianna, FL 32447

Treasurer

Name & Title: Tawfeq Ahmed

Address: Post Office Box 941

Marianna, FL 32447

Director

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

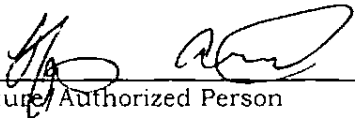
Name & Title: _____

Address: _____

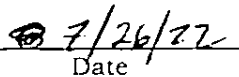
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TALLAHASSEE, FLORIDA

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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



Date