

PA220000081688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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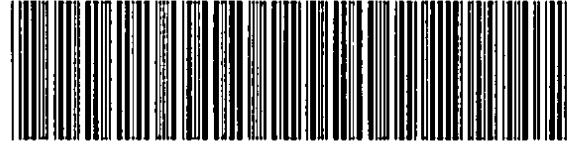
(Business Entity Name)

(Document Number)

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COPY

Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, Joseph, Cileone
(Name) (Title)

of Cileone 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 Cileone Inc. 06/03/2003
(Foreign Corporation)

2. The jurisdiction and date of its formation is Pennsylvania

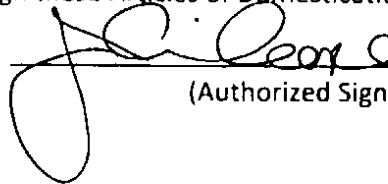
3. The name of the domesticated corporation is Cileone Inc.

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

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Cileone Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address

935 N. Beneva Rd.

Suite 801

Sarasota, FL 34232

Mailing Address

PO Box 50878

Sarasota, FL 34232

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Jeweler

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 100

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

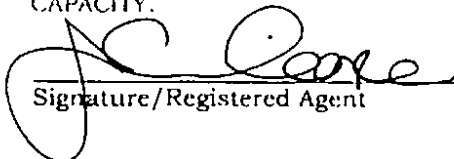
THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Joseph Cileone

935 N. Beneva Rd., Suite 801

Sarasota, FL 34232

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 HEREBY APPOINTED WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.


Signature/Registered Agent

7-23-22
Date

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ARTICLE V DIRECTORS AND/ OR OFFICERS

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

Name & Title: Joseph Cileone, President

Name & Title: _____

Address: PO Box 50878

Address: _____

Sarasota, FL 34232

Name & Title: _____

Name & Title: _____

Address: _____

Address: _____

Name & Title: _____

Name & Title: _____

Address: _____

Address: _____

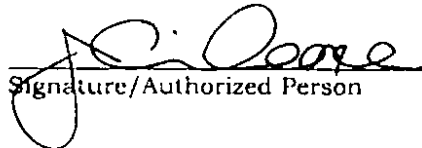
Name & Title: _____

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.



Signature/Authorized Person

7-23-22
Date

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