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(Requestor's Name)

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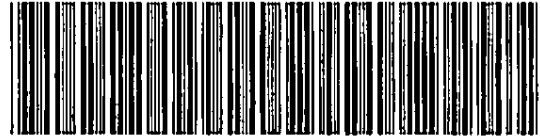
(Business Entity Name)

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COVER LETTER

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

SUBJECT: ARILANDS OF FLORIDA 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: NICOLETTE GUDKNECHT

Name (printed or typed)

20295 NE 29TH PL, STE 201

Address

AVENTURA, FL 33180

City, State & Zip

305-921-9421

Daytime Telephone Number

nataliastorm3@gmail.com

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

Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, NATALIA ARIAS STORM, DIRECTOR
(Name) (Title)

of ARILAND 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 ARILAND CORP.
(Foreign Corporation)
2. The jurisdiction and date of its formation is PANAMA, 8/22/2001
3. The name of the domesticated corporation is ARILANDS OF FLORIDA 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.

Natalia Arias Storm
(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:

ARILANDS OF FLORIDA CORP.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address
9800 W BROADVIEW DR

BAY HARBOR ISLAND, FL 33154

Mailing Address
9800 W BROADVIEW DR

BAY HARBOR ISLAND, FL 33154

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:
ANY LAWFUL PURPOSE.

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 400

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

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

NATALIA ARIAS STORM

19495 BISCAYNE BLVD, PH 1

AVENTURA, FL 33180

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.

Natalia Arias Storm
Signature/Registered Agent

Nov. 9. 2022
Date

ARTICLE V DIRECTORS AND/ OR OFFICERS

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

Name & Title: NATALIA ARIAS STORM, DIRECTOR/PRESIDENT

Address: 9800 W BROADVIEW DR
BAY HARBOR ISLAND, FL 33154

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

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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.

Natalia Arias Storm
Signature/Authorized Person

Nov. 9. 2022
Date