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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

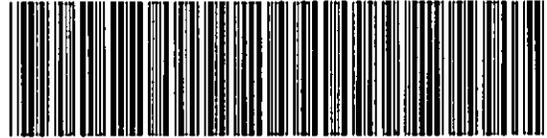
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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COVER LETTER

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

SUBJECT: Domestication of "Nirmal Enterprises Inc" a CA corporation

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	\$ 78.75
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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**From:**

Krishna Kondapi

Name (printed or typed)

16200 NW 2nd Ave, Apt 104

Address

Miami, FL 33169

City, State & Zip

925-216-4045

Daytime Telephone Number

krishnaknew@gmail.com

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

Articles of Domestication  
Foreign Corporation Domesticating to Florida

The undersigned, Krishna Kondapi, CEO  
(Name) (Title)

of Nirmal Enterprises, 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 Nirmal Enterprises, Inc  
(Foreign Corporation)
2. The jurisdiction and date of its formation is CA, 6/7/2012
3. The name of the domesticated corporation is Nirmal Enterprises, 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.

Krishna Kondapi

(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:*

Nirmal Enterprises, Inc  
\_\_\_\_\_

**ARTICLE II    PRINCIPAL OFFICE**

*THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:*

Principal Address  
16200 NW 2nd Ave, Apt 104, Miami, FL 33169  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing Address  
16200 NW 2nd Ave, Apt 104, Miami, FL 33169  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III    PURPOSE**

*THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:*

Business Consulting & Advertising Services  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV    SHARES**

*THE NUMBER OF SHARES OF STOCK IS:* 10,000  
\_\_\_\_\_

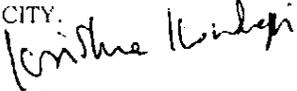
**ARTICLE VI    REGISTERED AGENT AND STREET ADDRESS**

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

Krishna Kondapi  
\_\_\_\_\_

16200 NW 2nd Ave, Apt 104, Miami, FL 33169  
\_\_\_\_\_  
\_\_\_\_\_

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

12/8/22  
\_\_\_\_\_  
Date

**ARTICLE V DIRECTORS AND/ OR OFFICERS**

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

Name & Title: Krishna Kondapi, Director

Address: 16200 NW 2nd Ave, Apt 104

Miami, FL 33169

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

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

Name & Title: Krishna Kondapi, Officer

Address: 16200 NW 2nd Ave, Apt 104

Miami, FL 33169

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.**

Krishna Kondapi  
Signature/Authorized Person

12/8/22  
Date

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