

P22000093931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

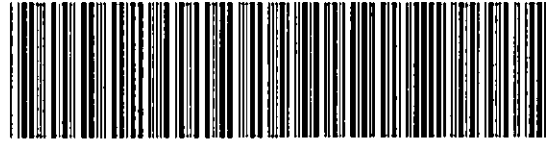
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FILED  
2022 OCT 31 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Moving bussiness from Illinois to Florida

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:** TAMIK GROUP, inc

Name (printed or typed)

45 FLEETWOOD DRIVE

Address

PALM COAST, FL 32137

City, State & Zip

847-668-8849

Daytime Telephone Number

tamikegroup@gmail.com

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

Articles of Domestication  
Foreign Corporation Domesticating to Florida

The undersigned, Michael Keresh President  
(Name) (Title)

of Tamik Group, 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 Tamik Group, Inc  
(Foreign Corporation)

2. The jurisdiction and date of its formation is 06/24/2021 Illinois

3. The name of the domesticated corporation is Tamik Group, 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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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:

Tamik Group, Inc

**ARTICLE II    PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

45 Fleetwood dr

Palm Coast, FL 32137

Mailing Address

45 Fleetwood dr

Palm Coast, FL 32137

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 OCT 31 PM 4:00

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**ARTICLE III    PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Internet Retail Sale

**ARTICLE IV    SHARES**

THE NUMBER OF SHARES OF STOCK IS: 1

**ARTICLE VI    REGISTERED AGENT AND STREET ADDRESS**

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

Michael Keresh

45 Fleetwood dr

Palm Coast, FL 32137

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

12/19/22

**ARTICLE V DIRECTORS AND/ OR OFFICERS**

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

Name & Title: Michael Keresh, President  
Address: 45 Fleetwood dr  
Palm Coast, FL 32137

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

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

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

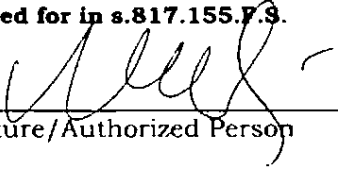
Name & Title: Tatiana Keresh, Director  
Address: 45 Fleetwood dr  
Palm Coast, FL 32137

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

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

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.**

  
Signature/Authorized Person

12/19/22  
Date