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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : THE NYE-SCHMITZ LAW FIRM, P.A.
Account Number : 120150000128
Phone : (239)210-5088
Fax Number : (239)300-9941

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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DOMESTICATION

Oskorp, Inc.

Certificate of Status	0
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COVER LETTER

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

SUBJECT: OSKORP, INC.

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: Sebastian Nye-Schmitz, Esq.

Name (printed or typed)

5425 Park Central Ct

Address

Naples, FL 34109

City, State & Zip

239-210-5088

Daytime Telephone Number

sns@swftaxlaw.com

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

INHS53 (3/20)

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Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, Holger Jaeger, President
(Name) (Title)

of OSKORP, 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 OSKORP, Inc.
(Foreign Corporation)

2. The jurisdiction and date of its formation is North Carolina (May 24, 2022)

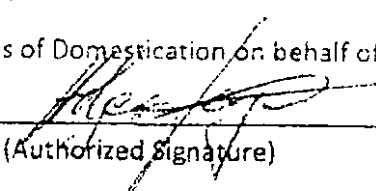
3. The name of the domesticated corporation is OSKORP, Inc.

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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TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

OSKORP, INC

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address
3832 Clipper Cove Dr

Naples, FL 34112

Mailing Address
3832 Clipper Cove Dr

Naples, FL 34112

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: 1,000

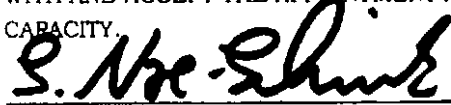
ARTICLE VI REGISTERED AGENT AND STREET ADDRESSTHE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT IS:

The Nye-Schmitz Law Firm, P.A.

5425 Park Central Ct

Naples, FL 34109

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

12/16/22
 Date

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 STATE
 TALLAHASSEE, FL

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ARTICLE V DIRECTORS AND/OR OFFICERS**THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:**

Name & Title: Jaeger, Holger (Pres., Sec., Director)
 Address: 3832 Clipper Cove Dr
Naples, FL 34112

Name & Title: Kuebler, Julia (Treas., VP, Director)
 Address: 3832 Clipper Cove Dr
Naples, FL 34112

Name & Title: _____
 Address: _____

Name & Title: _____
 Address: _____

Name & Title: _____
 Address: _____

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 _____

12-16-22
 Date

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