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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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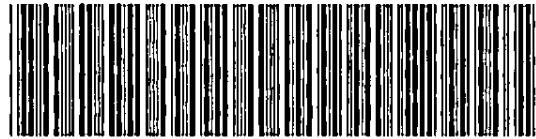
(Business Entity Name)

(Document Number)

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2022 DEC 28 PM 2:53  
HALLAMASSA, CT

D. O'KEEFE

JAN - 6 2023

## COVER LETTER

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

SUBJECT: K2 MARKETING GROUP, 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	\$ 78.75
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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**From:** William A. Fauce

Name (printed or typed)

1212 S. Riverside Drive

Address

New Smyrna Beach, Florida 32168

City, State & Zip

970-819-2600

Daytime Telephone Number

BFAUNCE@K2USA.COM

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

Articles of Domestication  
Foreign Corporation Domesticating to Florida

The undersigned, William A. Faunce, President  
(Name) (Title)

of K2 MARKETING 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 K2 MARKETING GROUP, INC.  
(Foreign Corporation)

2. The jurisdiction and date of its formation is Colorado, 03/25/2011

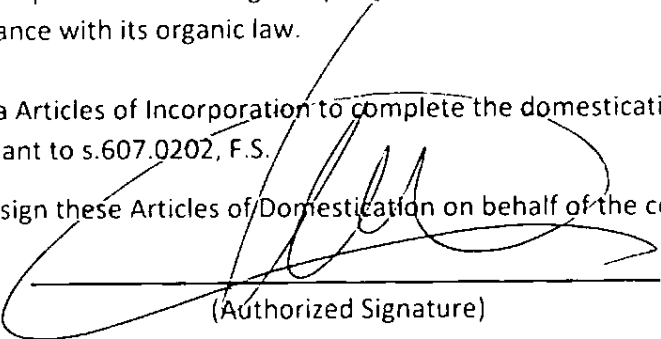
3. The name of the domesticated corporation is K2 MARKETING GROUP, INC.

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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CLERK OF COURT  
CLERK OF COURT

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: K2 MARKETING GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1212 S. Riverside Drive

New Smyrna Beach, Florida 32168

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful activity for which corporations may be incorporated in this state.

ARTICLE IV SHARES

The number of shares of stock is: 10,000 authorized

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William A. Faunce, President

Name and Title: Stephanie P. Faunce, Treasurer

Address: 1212 S. Riverside Drive  
New Smyrna Beach, Florida 32168

Address: 1212 S. Riverside Drive  
New Smyrna Beach, Florida 32168

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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

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

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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

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

2022 DEC 28 PM 2:53  
CLERK OF DISTRICT COURT  
NEW SMYRNA BEACH, FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: William A. Faunce

Address: 1212 S. Riverside Drive

New Smyrna Beach, Florida 32168

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: William A. Faunce

Address: 1212 S. Riverside Drive

New Smyrna Beach, Florida 32168

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent 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*

\_\_\_\_\_  
Required Signature/Registered Agent

\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

\_\_\_\_\_  
Required Signature/Incorporator

\_\_\_\_\_  
Date

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2022 DEC 28 PM 2:55  
TALLAHASSEE, FLORIDA

12-1-2022

12-1-2022