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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

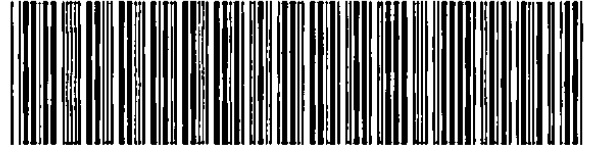
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D. O'KEEFE

FEB - 2 2023

**FRANK F. OWEN & ASSOCIATES, P.A.**

**Frank Ford Owen Jr.**

ATTORNEY AND COUNSELOR AT LAW

Licensed in Florida No. 0702188

Licensed in Illinois No. 3124947

1091 Ibis Avenue

Miami Springs FL 33166

OFFICE: 954-964-8000

CELL: 305-984-8915

FAX: 305-602-3969

January 12, 2023

TO: Florida Dept of Corporations

RE: Domestication of Project Technologies Group Inc.

The attached Articles of Domestication Foreign Corporation to Florida is a duplicate of the one sent yesterday US Post Office by Priority Mail, tracking number 9505 5139 4447 3011 6088 94.

The one sent yesterday was not signed and did not include a check, and did not include a copy.

This one is signed and the check is included for \$137.50

I believe you will not be able to process the one sent yesterday, so you may discard or return it to me.

Please process this one for Project Technologies Group Inc.

Sincerely

A handwritten signature in black ink, appearing to read "Frank F. Owen". The signature is fluid and cursive, with the first name "Frank" being more prominent and the last name "Owen" following in a similar style.

Frank F. Owen, Esq.

## COVER LETTER

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

SUBJECT: Domestication of Foreign Corporation (this replaces one sent yesterday which was not signed and did not have check or copy)

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: Frank F. Owen, Esq.

Name (printed or typed)

Address

1091 Ibis Ave, Miami Springs FL 33166

City, State & Zip

954-964-8000

Daytime Telephone Number

ffo@castlepalms.com

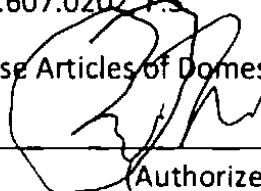
E-mail address: (to be used for future annual report notification)

Articles of Domestication  
Foreign Corporation Domesticating to Florida

The undersigned, Roger Gullo, President  
(Name) (Title)  
of Project Technologies 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 Project Technologies Group Inc.  
(Foreign Corporation)  
\_\_\_\_\_.
2. The jurisdiction and date of its formation is State of Mass. Oct 27, 1998
3. The name of the domesticated corporation is Project Technologies 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 THE  
CITY OF MIAMI  
TALLAHASSEE FL 32301

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

**ARTICLE I    NAME**

*THE NAME OF THE CORPORATION SHALL BE:*

Project Technologies Group Inc.

**ARTICLE II    PRINCIPAL OFFICE**

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

Principal Address  
1452 N. U.S. Highway #1, Unit 139

Ormond Beach FL 32174

Mailing Address  
1452 N. U.S. Highway 31, Unit 139

Ormond Beach FL 32174

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**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:* 1000

**ARTICLE VI    REGISTERED AGENT AND STREET ADDRESS**

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

Roger Gullo

3409 Rexford Circle

Ormond Beach FL 32174

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

1-12-23  
\_\_\_\_\_  
Date

**ARTICLE V DIRECTORS AND/ OR OFFICERS**

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

Name & Title: Roger Gullo, President

Address: 3409 Rexford Circle  
Ormond Beach FL 33174

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

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

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

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

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

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

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

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

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

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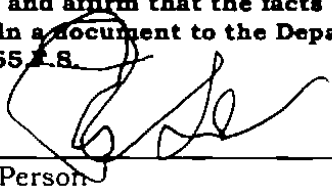
Name & Title: \_\_\_\_\_

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

1-13-23  
Date

2023 JAN 17 AM 9:42  
CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

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