

P23000020280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

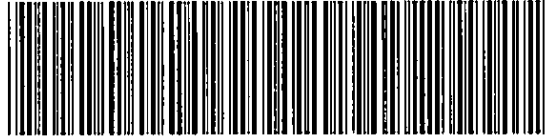
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2008 FEB 27 AM 11:27

2008 FEB 27

COVER LETTER

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

SUBJECT: Domestication of Susan Wade, 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: Morey Wade

Name (printed or typed)

12122 Creek Edge Drive

Address

Riverview, FL 33579

City, State & Zip

208-949-5400

Daytime Telephone Number

moreywade@yahoo.com

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

2023 JUN 27 AM 11:27
FILED
CLERK OF THE
SOUTH FLORIDA
DEPARTMENT OF
STATE

Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, Susan Wade, President
(Name) (Title)

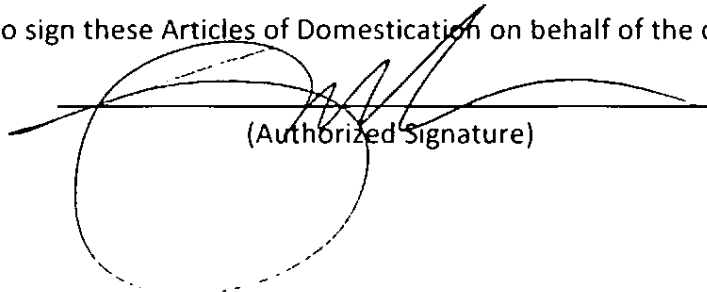
of Susan Wade, Inc., a foreign
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of
Domestication.

1. Then name of the domesticating corporation is Susan Wade, Inc.
(Foreign Corporation)

2. The jurisdiction and date of its formation is Colorado 1/1/2019
3. The name of the domesticated corporation is Susan Wade, 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)

2023 FEB 27 AM 11:27

FILED

11

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

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Susan Wade, Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

12122 Creek Edge Drive

Riverview, FL 33579

Mailing Address

12122 Creek Edge Drive

Riverview, FL 33579

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Wholesale sales of cosmetics and personal health services

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 100

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

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

Morey Wade

12122 Creek Edge Drive

Riverview, FL 33579

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

2/20/23
11:27

ARTICLE V DIRECTORS AND/ OR OFFICERS

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

Name & Title: Susan Wade, President

Address: 12122 Creek Edge Drive
Riverview, FL 33579

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

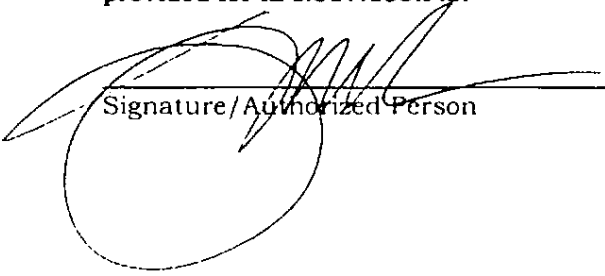
Name & Title: _____

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

2/20/23

Date

2023 . 2 . APR 11: 27

SECRET
2023

21)

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Susan Wade, Inc

is a

Corporation

formed or registered on 01/01/2019 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20181972369 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 02/16/2023 that have been posted, and by documents delivered to this office electronically through 02/20/2023 @ 19:16:11 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 02/20/2023 @ 19:16:11 in accordance with applicable law. This certificate is assigned Confirmation Number 14713564 .



Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, <https://www.coloradosos.gov/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, <https://www.coloradosos.gov> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions"

2023
FEB 20
AM 11:27
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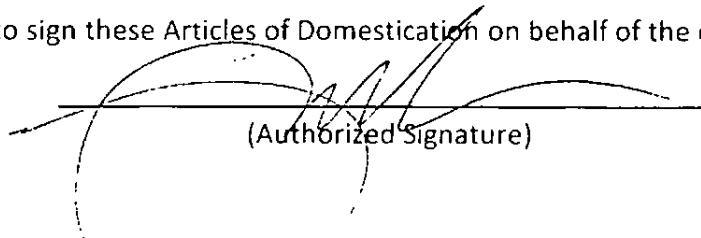
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(Name) (Title)

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(Authorized Signature)

2023 FEB 27 AM 11:28

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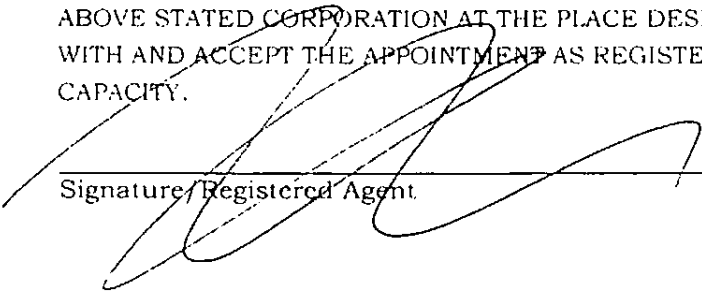
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Signature/ Registered Agent

2/20/2020

Date

REC-321 APR 11:28

ARTICLE V DIRECTORS AND/ OR OFFICERS

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

Name & Title: Susan Wade, President

Address: 12122 Creek Edge Drive

Riverview, FL 33579

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

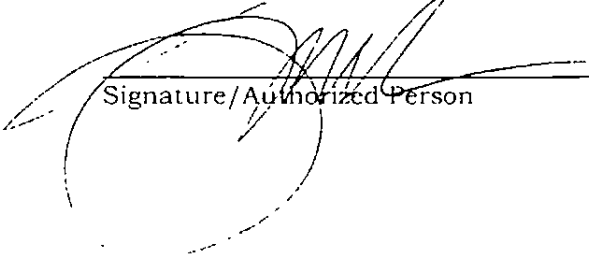
Name & Title: _____

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

2/20/23

Date

2023 FEB 21 AM 11:28

STATE OF FLORIDA
DEPARTMENT OF STATE

ED

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

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2023 FEB 27 AM 11:2