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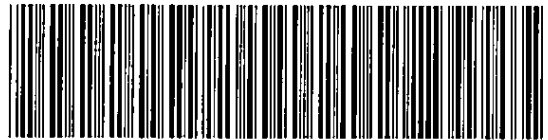
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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: Application for Florida Domestication

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: Gordon R. Jacobsen, Inc.

Name (printed or typed)

4872 Waterbridge Down

Address

Sarasota, FL 34235

City, State & Zip

941-374-1351

Daytime Telephone Number

info@aero-dyne.net

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

SECRETARY OF STATE
TALLAHASSEE, FL

2023 MAY 22 PM 7

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Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, Niki L. Hale, President
(Name) (Title)

of Gordon R. Jacobsen, 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 Gordon R. Jacobsen, Inc.
(Foreign Corporation)

2. The jurisdiction and date of its formation is Washington 1994

3. The name of the domesticated corporation is Gordon R. Jacobsen, 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.

Niki L. Hale
(Authorized Signature)

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TALLAHASSEE, FL

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

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Gordon R. Jacobsen, Inc. _____

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address
4872 Waterbridge Down _____

Sarasota, FL _____

34235 _____

Mailing Address
P.O. Box 52613 _____

Sarasota, FL _____

34232 _____

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Wholesale Distribution _____

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 2,000 _____

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

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

Niki L. Hale _____

4872 Waterbridge Down _____

Sarasota, FL 34235 _____

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

3
Date

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TALLAHASSEE, FL
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ARTICLE V DIRECTORS AND/ OR OFFICERS

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

Name & Title: Niki L. Hale, President
Address: 4872 Waterbridge Down
Sarasota, FL
34235

Name & Title: Amanda Grove, Secretary
Address: 2601 Utter St
Bellingham, WA
98225

Name & Title: Malcolm MacDonald, Director
Address: 8727 Holly Ln
Edmonds, WA
98026

Name & Title: Niel MacDonald, Director
Address: P.O. Box 518
Boulder Creek, CA
95006

Name & Title: Jean MacDonald, Director
Address: 23825 15th Ave S.E.
Bothell, WA
98921

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.

Niki L. Hale
Signature/Authorized Person

3-23-2023
Date
SECRETARY OF STATE
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