

P23000044543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

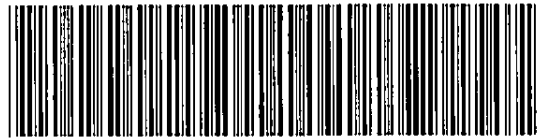
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COVER LETTER

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

SUBJECT: Instant Nonprofit 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: Nestha Alcime

Name (printed or typed)

6026 Kalamazoo Ave #107

Address

Kentwood, MI 49508

City, State & Zip

(303) 306-4669

Daytime Telephone Number

support@instantnonprofit.com

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

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23 MAY 17 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FL 32304

Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, Christian LeFer, President
(Name) (Title)

of Instant Nonprofit 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 Instant Nonprofit Inc.
(Foreign Corporation)

2. The jurisdiction and date of its formation is Colorado, May 23, 2014

3. The name of the domesticated corporation is Instant Nonprofit 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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20 MAY 17 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Instant Nonprofit Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address
9545 E Pelican Cove Ct.

Mailing Address
PO Box 907

Inverness, FL 34450

Inverness, FL 34451

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

We process nonprofit entity formations and consultants

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 225,000,000

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

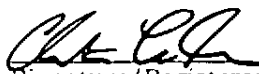
THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Christian LeFer

9545 E Pelican Cove Ct.

Inverness, FL 34450

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

05/04/2023

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V DIRECTORS AND/ OR OFFICERS

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

Name & Title: Christian LeFer, President
Address: 9545 E Pelican Cove Ct.
Inverness, FL 34450

Name & Title: Jacqui Long, Secretary
Address: 9545 E Pelican Cove Ct.
Inverness, FL 34450

Name & Title: Jacqui Long, Treasurer
Address: 9545 E Pelican Cove Ct.
Inverness, FL 34450

Name & Title: _____
Address: _____

Name & Title: Christian LeFer, Director
Address: 9545 E Pelican Cove Ct.
Inverness, FL 34450

Name & Title: Jacqui Long, Director
Address: 9545 E Pelican Cove Ct.
Inverness, FL 34450

Name & Title: _____
Address: _____

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23 MAY 17 PM 3:07
REC'D
CLERK OF DISTRICT COURT
INVERNESS, FLORIDA

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

05/04/2023
Date