

P23000054594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

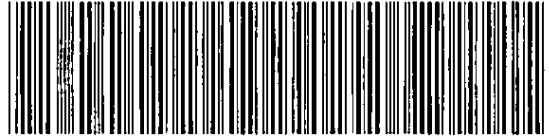
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 JUN 29 AM 9:04  
CLERK OF  
TALLAHASSEE FLORIDA

## COVER LETTER

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

SUBJECT: Transfer of Corporation from MA to FL

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:** David Barker

Name (printed or typed)

563 NW 35th Pl,

Address

Boca Raton, FL 33431

City, State & Zip

9785186461

Daytime Telephone Number

david-barker@outlook.com

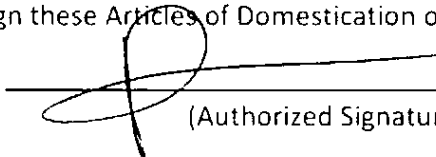
E-mail address: (to be used for future annual report notification)

Articles of Domestication  
Foreign Corporation Domesticating to Florida

The undersigned, David Barker, President  
(Name) (Title)  
of CUSTOM SERVICES NETWORK INCORPORATED, a foreign  
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of  
Domestication.

1. Then name of the domesticating corporation is CUSTOM SERVICES NETWORK INCORPORATED  
(Foreign Corporation)  
\_\_\_\_\_.
2. The jurisdiction and date of its formation is Massachusetts 10-20-2011  
\_\_\_\_\_.
3. The name of the domesticated corporation is CUSTOM SERVICES NETWORK INCORPORATED  
\_\_\_\_\_.
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)

FILED  
2023 JUN 30 AM 9:04  
CLERK OF SUPERIOR COURT  
JULIA A. HARRIS, CLERK  
TALLAHASSEE, FLORIDA

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

**ARTICLE I    NAME**

THE NAME OF THE CORPORATION SHALL BE:

CUSTOM SERVICES NETWORK INCORPORATED

**ARTICLE II    PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address

563 NW 35th PL

Boca Raton

FL, 33431

Mailing Address

500 Westover Dr. #6812

Sanford

NC, 27330

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TALLAHASSEE, FLORIDA

**ARTICLE III    PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

To enter into contracts with persons, firms and corporations for the purpose of operating and maintaining a network consulting service, Furnishing of labor and material in the performance of such contracts and work. To carry on any business or other activity which may be lawfully carried on by a corporation organized under the business corporation law of Florida

**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:


563 NW 35th PL

David Barker

Boca Raton

FL, 33431

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

6-15-23  
Date

**ARTICLE V DIRECTORS AND/ OR OFFICERS**

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

Name & Title: David Barker PRESIDENT

Address: 563 NW 35th PL

Boca Raton

FL, 33431

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

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

Name & Title: David Barker TREASURER

Address: 563 NW 35th PL

Boca Raton

FL, 33431

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

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

Name & Title: David Barker SECRETARY

Address: 563 NW 35th PL

Boca Raton

FL, 33431

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

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

Name & Title: David Barker DIRECTOR

Address: 563 NW 35th PL


Boca Raton

FL, 33431

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

6-15-23  
Date

FILE  
2023 JUN 30  
CALLAHAN/SEC. F.