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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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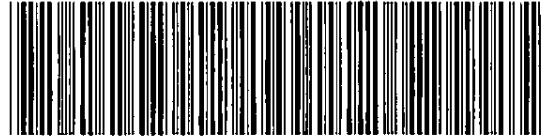
(Business Entity Name)

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## COVER LETTER

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

SUBJECT: Domestication of DTC PERSPECTIVES, INC., a GA Corp

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: GERRARD L. GRANT

Name (printed or typed)

201 E. PINE STREET, SUITE 320

Address

ORLANDO, FL 32801

City, State & Zip

3212503577

Daytime Telephone Number

BOB@DTCPERSPECTIVES.COM

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

Articles of Domestication  
Foreign Corporation Domesticating to Florida

The undersigned, SCOTT, EHRlich  
(Name) (Title)

of DTC PERSPECTIVES, 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 DTC PERSPECTIVES, INC.  
(Foreign Corporation)

2. The jurisdiction and date of its formation is Georgia formed 11/07/2014  
F 0400000 2614

3. The name of the domesticated corporation is DTC PERSPECTIVES, 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.



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(Authorized Signature)

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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:

DTC PERSPECTIVES, INC.

**ARTICLE II    PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address  
16228 ANDALUCIA LANE

Mailing Address  
16228 ANDALUCIA LANE

DELRAY BEACH, FL 33446

DELRAY BEACH, FL 33446

**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: 1,000

**ARTICLE VI    REGISTERED AGENT AND STREET ADDRESS**

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

ROBERT EHRLICH

16228 ANDALUCIA LANE

DELRAY BEACH, FL 33446

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.

  
ID:LSXDR2PQHGI0JKqboC94K9Xm

Signature/Registered Agent

7/25/2023

Date

**ARTICLE V DIRECTORS AND/ OR OFFICERS**

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

Name & Title: ROBERT EHRLICH, PD

Address: 16228 ANDALUCIA LANE  
DELRAY BEACH, FL 33446

Name & Title: SCOTT EHRLICH, COO

Address: 16228 ANDALUCIA LANE  
DELRAY BEACH, FL 33446

Name &amp; Title: \_\_\_\_\_

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

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

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

Name &amp; Title: \_\_\_\_\_

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

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

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

Name &amp; Title: \_\_\_\_\_

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

Name &amp; 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]*  
D. M. L. B. S. M. G. C. S. C. I. I. P. W. K. S. I.

8/8/2023

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Date \_\_\_\_\_

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2023 APR 21 PM 3:31  
SECURITY  
TALLAHASSEE, FLORIDA