# P24000008527

(Requestor's Name)				
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PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(23	iomoso Emily Mar	,		
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Canadal Instrumtions to	Fili O#:			
Special Instructions to Filing Officer:				
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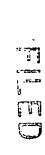
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#### **COVER LETTER**

Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:

Domestication of Sadala, inc. in FL from CA

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

\$ 50.00 Certificate of Domestication Articles of Incorporation and Certified Copy \$ 78.75

Total filing fee

\$128.75

OPTIONAL:

Certificate of Status

\$ 8.75

From: William Mason

Name (printed or typed)

621 NE 2nd Ave. #4621

Address

Fort Lauderdale, FL 33304

City, State & Zip

7046098206

**Daytime Telephone Number** 

will@sadala.co

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

INHS53 (3/20)

## Articles of Domestication Foreign Corporation Domesticating to Florida

Thou	ndersigned, William Mason	President/CEO					
ille ui	(Name)	(Title)					
of S	adala, inc.	a foreign					
Dome	ration, in accordance with s. 607.11922, Floriestication.						
1	Then name of the domesticating corporation is Sadala, inc.  (Foreign Corporation)						
1.							
2.	The jurisdiction and date of its formation is	California, 4/4/2018					
3. The name of the domesticated corporation is Sadala, inc.							
4.	The jurisdiction of formation of the domest	icated corporation is Florida					
5.	The domestication corporation is a foreign approved in accordance with its organic law						
	Attached are Florida Articles of Incorporation requirements pursuant to s.607.0202, F.S.		) (2 (2 (2 (3 (4 (4) (4) (4) (4) (4) (4) (4) (4) (4)				
l certi	ify I am authorized to sign these Articles of Do	omestication on behalf of the corporation.					

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

ARTICLE I NAME THE NAME OF THE CORPORATION SHALL	BE;	
Sadala, inc.		
ARTICLE II PRINCIPAL OF	FICE	
THE PRINCIPAL PLACE OF BUSINESS/MA.		
Principal Address 621 NE 2nd Ave	Mailing Address 621 NE 2nd Ave	
#4621	#4621	
Fort Lauderdale, FL 33304	Fort Lauderdale, FL 33304	
ADTICLE III DIDDOCE		
THE PURPOSE FOR WHICH THE CORPOR Technology consulting, innovation, artifici		<u>.</u>
		-
ARTICLE IV SHARES THE NUMBER OF SHARES OF STOCK IS:	100000	
ARTICLE VI REGISTERES THE NAME AND FLORIDA STREET ADDR	D AGENT AND STREET ADDRESS RESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:	
Registered Agents Inc.	S S	200
7901 4th St N STE 300	<u> </u>	024 JAN
St. Petersburg, FL 33702		- ;
HAVING BEEN NAMED AS REGISTERES	D AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE	P# 12:
ABOVE STATED CORPORATION AT THE	PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIÁR	<u>ن</u> ۾
WITH AND ACCEPT THE APPOINTMENT CAPACITY.	AS REGISTERED AGENT AND AGREE TO ACT IN THIS	0,1
David Kasents	12/29/2023	
Signature/Registered Agent	Date	

### ARTICLE V DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND	DADDRESS(ES) AND SPECIFIC TITLE	es:	
Name & Title:	William Mason, President and CEO	Name & Title:	William Mason, Secretary
Address:		Address:	
	621 NE 2nd Ave #4621		621 NE 2nd Ave #4621
	Fort Lauderdale, FL 33304		Fort Lauderdale, FL 33304
Name & Title:	William Mason, Director	Name & Title:	William Mason, Treasury
Address:		Address:	
	621 NE 2nd Ave #4621		621 NE 2nd Ave #4621
	Fort Lauderdale, FL 33304		Fort Lauderdale, FL 33304
Name & Title:		Name & Title:	
Address:		Address:	
			<u></u>
Name & Title:		Name & Title:	
Address:		Address:	
I submit this doc	ument and affirm that the facts st	ated herein are true	. I am aware that false
provided for in a.	nitted in a document to the Depart 817.155.F.S.	ment of State cons	ntutes a third degree terony as
////n/1	1-		12/28/23
Signafure/Alitho	orized Person		Date