

P24000008624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

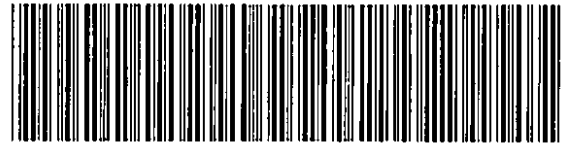
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I20000000088  
If there are any issues  
please contact Patrice at  
850-202-9071

Date: 02/02/2024

Name: Patrice Rush

Reference #: 2248470

Entity Name: PHARMAFORCEIQ INC.

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☒ Other STATEMENT OF DOMESTICATION FILING

Authorized Amount: \$120,000 <sup>\$128,75</sup>

Signature: 

## COVER LETTER

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

SUBJECT: Articles of Domestication of PharmaForceIQ 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: Ruric Ellings

Name (printed or typed)

10900 NE 4th Street, Suite 1850

Address

Bellevue, WA 98004

City, State & Zip

425-462-4700

Daytime Telephone Number

hemalsmy@gmail.com

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

Articles of Domestication  
Foreign Corporation Domesticating to Florida

The undersigned, Hemal Somaiya President  
(Name) (Title)

of PHARMAFORCEIQ 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 PHARMAFORCEIQ INC.  
(Foreign Corporation)
2. The jurisdiction and date of its formation is Massachusetts, July 20, 2020
3. The name of the domesticated corporation is PHARMAFORCEIQ 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.

Digitally signed by  
Hemal Somaiya  
6078444 4071E0C3  
(Authorized Signature)

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CLERK OF COURT  
JULIA A. SELL

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

**ARTICLE I    NAME**

*THE NAME OF THE CORPORATION SHALL BE:*

PHARMAFORCEIQ INC.

**ARTICLE II    PRINCIPAL OFFICE**

*THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:*

Principal Address

5050 Dove Street, Orlando, FL, 32811

Mailing Address

5050 Dove Street, Orlando, FL, 32811

**ARTICLE III    PURPOSE**

*THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:*

The Corporation is organized to transact any or all lawful business for which

corporations may be incorporated under the FBCA as it now exists or may hereafter be amended or supplemented

**ARTICLE IV    SHARES**

*THE NUMBER OF SHARES OF STOCK IS:* 10,000


**ARTICLE VI    REGISTERED AGENT AND STREET ADDRESS**

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

Cogency Global, Inc

115 N Calhoun St, Suite 4, Tallahassee, FL, 32301

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

1/31/2024  
Date

**ARTICLE V DIRECTORS AND/ OR OFFICERS**

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

Name & Title: Hemal Somaiya, President

Address: 5050 Dove Street

Orlando, FL, 32811

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

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

Name & Title: Olatubosun Ajetomiwa Ogundero, Secretary

Address: 5050 Dove Street

Orlando, FL, 32811

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

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

Name & Title: Abimbola Stephen Onikoro, Treasurer

Address: 5050 Dove Street,

Orlando, FL, 32811

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.**

DocuSigned by  
Hemal Somaiya  
Signature/Authorized Person

01/25/2024

Date

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2024 FEB -2 PM 1:15  
AT: AUSTIN, TX