

P2400001046Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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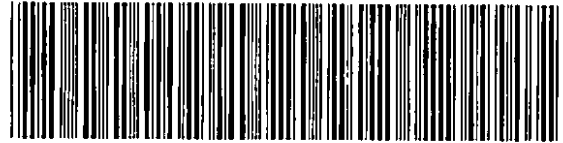
(Business Entity Name)

(Document Number)

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## COVER LETTER

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

SUBJECT: Domestication of Virginia S Corp to Florida S 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	<u>\$ 78.75</u>
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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**From:** Garry Polykoff

**Name (printed or typed)**

7096 Ticonderoga St

**Address**

Englewood, FL, 34224

**City, State & Zip**

240 421 4229

**Daytime Telephone Number**

gar\_pol@yahoo.com

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

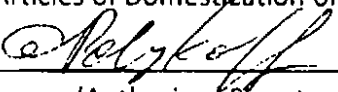
Articles of Domestication  
Foreign Corporation Domesticating to Florida

The undersigned, Garry Polykoff President  
(Name) (Title)

of Automated Technology Solutions 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 \_\_\_\_\_  
Automated Technology Solutions Inc (Foreign Corporation)
2. The jurisdiction and date of its formation is State of Virginia, 1/20/2015
3. The name of the domesticated corporation is \_\_\_\_\_  
Automated Technology Solutions 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)

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

**ARTICLE I    NAME**

THE NAME OF THE CORPORATION SHALL BE:

Automated Technology Solutions Inc

**ARTICLE II    PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

7096 Ticonderoga St, Englewood, FL, 34224

Mailing Address

**ARTICLE III    PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Provide an excellent service in IT Consulting, Software Engineering, IT Systems Management,

Machine Learning and research activities in Computer Science field

**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:

Garry Polykoff

7096 Ticonderoga St

Englewood, FL, 34224

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

1/2/2024

Date

**ARTICLE V DIRECTORS AND/ OR OFFICERS**

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

Name & Title: GARRY POLYKOFF, President

Address: 7096 Ticonderoga St  
Englewood, FL 34229

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

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

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

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

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

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

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

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

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

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

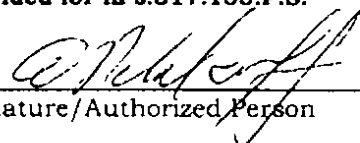
Name & Title: \_\_\_\_\_

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.

  
Signature/Authorized Person

1/2/2024  
Date