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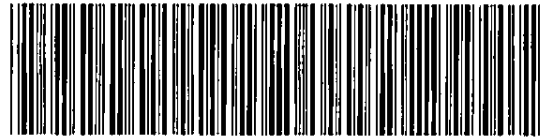
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:

Domestication

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

From:

Alessandra Miller

Name (printed or typed)

100 1st Avenue N, Suite 3307

Address

ST. Petersburg, FL 33701

City, State & Zip

917-319-4172

Daytime Telephone Number

Sachamie msa.com

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

Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, Alessandra Miller President
(Name) (Title)

of Queen Lace Crystal corp., a foreign
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of
Domestication.

1. Then name of the domesticating corporation is Queen Lace Crystal Corp.
(Foreign Corporation)
2. The jurisdiction and date of its formation is New York march 1 2000
3. The name of the domesticated corporation is Queen Lace Crystal corp.
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.

Alessandra S. Miller
(Authorized Signature)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V DIRECTORS AND/ OR OFFICERS

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

Name & Title: Alessandra Miller Bryant Name & Title: _____

Address: 1001st Avenue N, Ste 3307 Address: _____

St. Petersburg, FL 33701 _____

Name & Title: _____ Name & Title: _____

Address: _____ Address: _____

Name & Title: _____ Name & Title: _____

Address: _____ Address: _____

Name & Title: _____ Name & Title: _____

Address: _____ 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.

Alessandra S. Miller
Signature/Authorized Person

February 1, 2024
Date

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

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Queen Lace Crystal corp.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address

100 1st Avenue N

Suite 3307

St. Petersburg, FL 33701

Mailing Address

100 1st Avenue N

Suite 3307

St. Petersburg, FL 33701

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ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Crystal Glassware and Gifts

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 1

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

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

Alessandra Miller

100 1st Avenue N, Suite 3307

St. Petersburg, FL 33701

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.

Alessandra Miller
Signature/Registered Agent

February 1, 2024
Date