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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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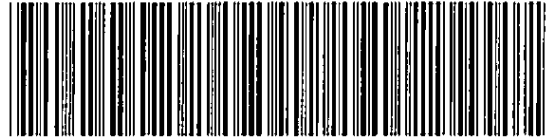
(Business Entity Name)

(Document Number)

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Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, ERIC NGUYEN, PRESIDENT
(Name) (Title)

of CODIAK CONULTING, 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 CODIAK CONSULTING, INC.
(Foreign Corporation)

2. The jurisdiction and date of its formation is VIRGINIA on MARCH 7, 2001

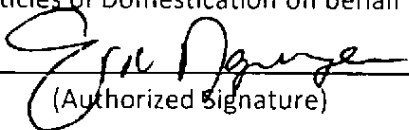
3. The name of the domesticated corporation is CODIAK CONSULTING, INC.

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)

12/11/01

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

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

CODIAK CONSULTING, INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address

198 SOMERVILLE DR

Mailing Address

198 SOMERVILLE DR

PONTE VEDRA, FL 32081

PONTE VEDRA, FL 32081

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: 2000

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

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

ERIC NGUYEN

198 SOMERVILLE DR

PONTE VEDRA, FL 32081

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

Date


7/16/2024

ARTICLE V DIRECTORS AND/ OR OFFICERS

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

Name & Title:	<u>President</u>	Name & Title:	<u></u>
Address:	<u>Nguyen, Eric H</u>	Address:	<u></u>
	<u>198 Somerville Dr</u>		<u></u>
	<u>Ponte Vedra, FL 32081</u>		<u></u>
Name & Title:	<u></u>	Name & Title:	<u></u>
Address:	<u></u>	Address:	<u></u>
	<u></u>		<u></u>
	<u></u>		<u></u>
Name & Title:	<u></u>	Name & Title:	<u></u>
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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

7/16/2024
Date