

# P24000050201

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

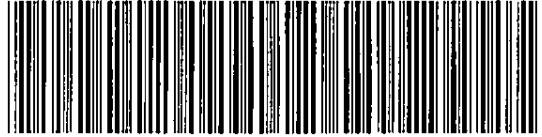
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(Document Number)

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

Special Instructions to Filing Officer:

W240000104542  
August 2, 2024

Office Use Only



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07/12/24--01049--017 \*\*137.50

2024 AUG 2 10:44 AM  
FBI - NEW YORK



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 18, 2024

CARL & LISA GALLER  
5820 HILLTOP AVENUE  
PANAMA CITY BEACH, FL 32408 US

SUBJECT: TRUE COLOR  
Ref. Number: W24000104542

We have received your document for TRUE COLOR and check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of the entity must be identical throughout the document.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Monique K Anderson  
Regulatory Specialist II

Letter Number: 124A00015773

2024 JUL 22 PM 8:44  
MAIL ROOM

Articles of Domestication  
Foreign Corporation Domesticating to Florida

The undersigned, Lisa M Galler President  
(Name) (Title)

of True Color CNY, 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 True Color CNY, Inc.  
(Foreign Corporation)
2. The jurisdiction and date of its formation is New York, April 2011
3. The name of the domesticated corporation is True Color CNY, 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)

2024 AUG - 2 3:14

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

**ARTICLE I    NAME**

THE NAME OF THE CORPORATION SHALL BE:

True Color CNY, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

5820 Hilltop Ave

Panama City Beach, FL 32408

Mailing Address

5820 Hilltop Ave

Panama City Beach, FL 32408

**ARTICLE III    PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

To provide owners limited liability protection, regardless of its tax status.

**ARTICLE IV    SHARES**

THE NUMBER OF SHARES OF STOCK IS: 100

**ARTICLE VI    REGISTERED AGENT AND STREET ADDRESS**


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

Lisa M Galler

5820 Hilltop Ave

Panama City Beach, FL 32408

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

July 29, 2024

Date

2024 JUL 29 3:44 PM  
CLERK OF COURT  
PANAMA CITY BEACH, FL

**ARTICLE V DIRECTORS AND/ OR OFFICERS**

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

Name & Title: Lisa M Galler, President

Address: 5820 Hilltop Ave

Panama City Beach, FL 32408

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

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

Name & Title: Carl L Galler, Vice President

Address: 5820 Hilltop Ave

Panama City Beach, FL 32408

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

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

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

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

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

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

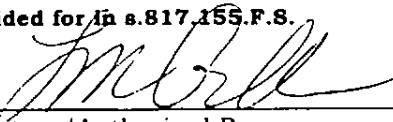
Name & Title: \_\_\_\_\_

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

July 29, 2024  
\_\_\_\_\_  
Date