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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 29, 2024

ALRON CORPS INC  
3990 MINTON RD  
MELBOURNE, FL 32904 US

SUBJECT: TAMARAS DEALS INC.  
Ref. Number: W24000033999

We have received your document for and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the jurisdiction and the date on which the converting entity was first created or otherwise came into being.

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KAIN COSTELLO  
Regulatory Specialist II  
New Filing Section

Letter Number: 824A00004505

## 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 | <u>\$ 78.75</u> |
| Total filing fee                             | \$128.75        |

OPTIONAL:

|                       |         |
|-----------------------|---------|
| Certificate of Status | \$ 8.75 |
|-----------------------|---------|

**From:**

ALRON CORPS INC -ATTN MICHELLE HIGGINS

Name (printed or typed)

3990 MINTON RD

Address

MELBOURNE FLORIDA 32904

City, State & Zip

321-951-7626

Daytime Telephone Number

DEALSBYT@GMAIL.COM

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

Articles of Domestication  
Foreign Corporation Domesticating to Florida

The undersigned, TAMARA KANE PRESIDENT  
(Name) (Title)  
of TAMARAS DEALS 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 TAMARAS DEALS INC  
(Foreign Corporation)
2. The jurisdiction and date of its formation is WYOMING ; April 17, 2017
3. The name of the domesticated corporation is TAMARAS DEALS 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.

TAMARA KANE

(Authorized Signature)

— Re-mailed 3/22/24  
lyr

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

**ARTICLE I    NAME**

THE NAME OF THE CORPORATION SHALL BE:

TAMARAS DEALS, INC.

**ARTICLE II    PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address  
2711 MYERS DRIVE NE PALM BAY FL 32905

Mailing Address  
2711 MYERS DRIVE NE PALM BAY FL 32905

**ARTICLE III    PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

**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:

TAMARA KANE

2711 MYERS DRIVE NE

PALM BAY FLORIDA 32905

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.

TAMARA KANE

Signature/Registered Agent

1/23/2024

Date

**ARTICLE V DIRECTORS AND/ OR OFFICERS**

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

Name & Title: TAMARA KANE -DPTS

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

Address: 2711 MYERS DRIVE NE

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

PALM BAY FLORIDA 32905

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.**

TAMARA KANE

Signature/Authorized Person

1/23/2024

Date