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COVER LETTER

Department o	f State		
Division of Co	orporations		
P.O. Box 632	7		
Tallahassee, F	FL 32314		
SUBJECT:	CIMA CONCEPTS, IN	IC	
Enclosed is a	n original and one (1) copy of th	e Articles of Domestication a	nd a check:
FEES:			
	ificate of Domestication les of Incorporation and Certific	\$ 50.00 ed Copy <u>\$ 78.75</u>	
Total	filing fee	\$128.75	
OPTIONAL:			
Certi	ficate of Status	\$ 8.75	
Fron	m: Mischa Vallegotti		
	Name (printed or typed)	
	Address		
	City	, State & Zip	2024
	(410) 318-9330		F 77
	Daytime '	Telephone Number	SEP 25 AH 9: 08
	m.vallegotti@cimacon	cepts.com	9:0
	E-mail address: (to be used	for future annual report noti	ification)

Articles of Domestication Foreign Corporation Domesticating to Florida

The undersigned, Mischa Vallegotti ,		President		
	(Nar	ne) (Title)		
of Ci	ima Concepts, Inc	, a foreign		
-	oration, in accordance with s. 607.11 estication.	922, Florida Statutes, submit these Articles of		
1.	Then name of the domesticating of	orporation is Cima Concepts, Inc FLZUUULGUI		
	(Foreign Corporation)			
2.	2. The jurisdiction and date of its formation is Maryland and 11/08/2018			
3.	The name of the domesticated corporation is Cima Concepts, Inc			
4.	The jurisdiction of formation of th	e 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 Increquirements pursuant to s.607.02	corporation to complete the domestication 202, F.S.		
l certi		cles of Domestication on behalf of the corporation. Vallegotti Digitally signed by Mischa Vallegotti Date: 2024 09.17 22:22:32 -04:00'		

(Authorized Signature)

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

24 S
2024 SEP 25
in it
9.
ailing Address Ave
607
construction, contracting, and other

TREET ADDRESS
CCEPTABLE) OF THE REGISTERED AGENT IS:
EEPT SERVICE OF PROCESS FOR THE IN THIS CERTIFICATE, I AM FAMILIAR ENT AND AGREE TO ACT IN THIS
+

ARTICLE V DIRECTORS AND/ OR OFFICERS

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

Name & Title:

Address:

Mischa Vallegotti, President Name & Title: Name & Title: 2004 N Grady Ave Address: Address: Tampa, FL 33607 Name & Title: Name & Title: Address: Address: Name & Title: Name & Title: j c 1 Address: 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.

Mischa Vallegotti Digitally signed by Mischa Vallegotti Date: 2024.09.17 22:21:44 -04'00'	09/17/2024
Signature/Authorized Person	Date