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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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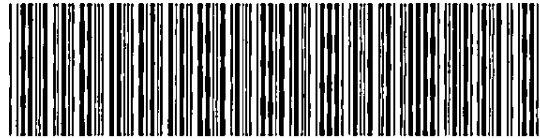
(Business Entity Name)

(Document Number)

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MASSACHUSETTS
SECRETARY OF STATE
RECORDS SECTION

Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, Michael Roth, President
(Name) (Title)

of Accounting For Small Business 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 Accounting For
(Foreign Corporation)
Small Businesses Inc.
2. The jurisdiction and date of its formation is New York 9/29/99
3. The name of the domesticated corporation is Accounting For Small
Businesses 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

Michael Roth
(Authorized Signature)

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

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Accounting For Small Businesses Inc

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address
3991 NW 4th Avenue
Boca Raton Florida
33431

Mailing Address
3991 NW 4th Avenue
Boca Raton Florida
33431

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Provide Business and Financial Services

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:

Michael Roth
3991 NW 4th Avenue
Boca Raton Florida 33431

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.

Michael Roth
Signature/Registered Agent

12-3-24
Date

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2024 DEC 13 AM 11:09
CLERK OF DISTRICT COURT
STATE OF FLORIDA

ARTICLE V DIRECTORS AND/ OR OFFICERS

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

Name & Title: Michael Roth President Name & Title: _____

Address: 3991 NW 4th Avenue Address: _____
Boca Raton FL _____
33431 _____

Name & Title: Laura Roth Vice President Name & Title: _____

Address: 3991 NW 4th Avenue Address: _____
Boca Raton Florida _____
33431 _____

Name & Title: _____ Name & Title: _____

Address: _____ Address: _____

Name & Title: _____ Name & Title: _____

Address: _____ Address: _____

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CLERK OF STATE
SEAL OF FLORIDA

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.

Michael Roth
Signature/Authorized Person

12-3-24
Date