

P22000061506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

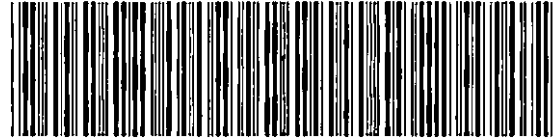
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. CHATHAM

AUG -5 2022

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**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 8/4 DANNY

CERTIFIED COPY _____

XX PHOTOCOPY _____

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XX FILING

DOMESTICATION _____

1. MEG CONKLING INC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

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**SPECIAL
INSTRUCTIONS:**

Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, Meghan Conkling President
(Name) (Title)

of Meg Conkling 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 Meg Conkling Inc.
(Foreign Corporation)
2. The jurisdiction and date of its formation is New York, 1/11/2018
3. The name of the domesticated corporation is Meg Conkling 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.

* [Signature]
Authorized Signatory

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

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Meg Conkling Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

4429 W. Leila Avenue
Tampa FL 33616

4429 W. Leila Avenue
Tampa FL 33616

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Hair Salon

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

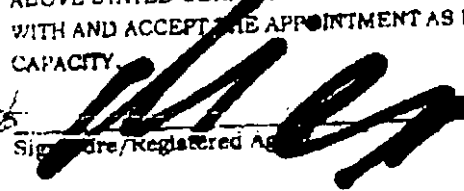
200

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

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

Meghan Conkling
4429 W. Leila Avenue
Tampa FL 33616

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

8-2-2022
Date

ARTICLE V DIRECTORS AND/OR OFFICERS

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

Name & Title: Mechon Conkling, President Name & Title: _____

Address: 4429 W. Leida Ave. Address: _____
Tampa, FL 33616

Name & Title: _____ Name & Title: _____

Address: _____ Address: _____

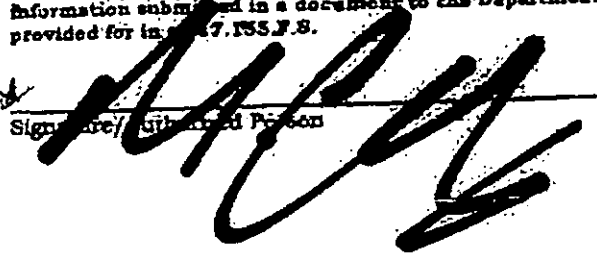
Name & Title: _____ Name & Title: _____

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 § 17.155 F.S.


Signature/Authorized Person

* 8-2-2022
Date

22 AUG -1, AM