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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

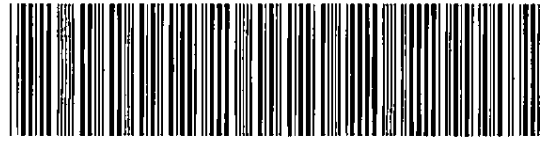
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: RICHARD WILL COMMUNICATIONS, INC.

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 \$ 78.75
Total filing fee \$128.75

OPTIONAL:

Certificate of Status \$ 8.75

From: RICHARD WILL

Name (printed or typed)
4030 HENDERSON BOULEVARD, UNIT 680

Address
TAMPA, FL 33629

City, State & Zip
(310) 536-9777

Daytime Telephone Number
richard@willcommunications.com

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

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SECRET
TALLAHASSEE, FLORIDA
FILED

**Articles of Domestication
Foreign Corporation Domesticating to Florida**

The undersigned, RICHARD WILL, PRESIDENT
(Name) (Title)

of RICHARD WILL COMMUNICATIONS, 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 RICHARD WILL COMMUNICATIONS, INC.
(Foreign Corporation)

2. The jurisdiction and date of its formation is CALIFORNIA 02/22/1996

3. The name of the domesticated corporation is RICHARD WILL COMMUNICATIONS, 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)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

RICHARD WILL COMMUNICATIONS, INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address
4030 HENDERSON BLVD., UNIT 680

TAMPA, FL 33629

Mailing Address
4030 HENDERSON BLVD., UNIT 680

TAMPA, FL 33629

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A CORPORATION MAY BE ORGANIZED UNDER CHAPTER 607, F.S.

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 10,000

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

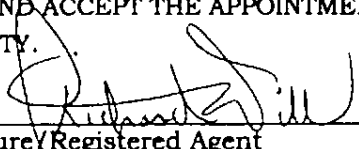
THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

RICHARD WILL

4030 HENDERSON BOULEVARD, UNIT 680

TAMPA, FL 33629

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

Date 12/13/2002

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DEC 27 2002
12:25 PM
TAMPA, FLORIDA

ARTICLE V DIRECTORS AND/ OR OFFICERS

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

Name & Title: RICHARD WILL, PRESIDENT

Name & Title: _____

Address: 4030 HENDERSON BLVD., UNIT 680

Address: _____

TAMPA, FL 33629

(ALL DIRECTOR / OFFICER POSITIONS)

Name & Title: _____

Name & Title: _____

Address: _____

Address: _____

Name & Title: _____

Name & Title: _____

Address: _____

Address: _____

Name & Title: _____


Name & Title: _____

Address: _____

Address: _____

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2024 DEC 27 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, 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.



Signature/Authorized Person

12/13/2024
Date