

P25000002992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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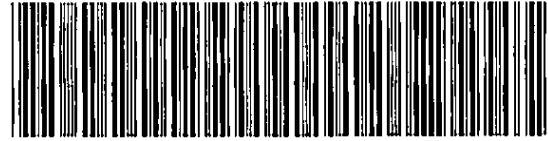
(Business Entity Name)

(Document Number)

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Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, Maria C. Rincon, Director
(Name) (Title)

of Joleyton Corporation, N.V., a foreign
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of
Domestication.

1. Then name of the domesticating corporation is Joleyton Corporation, N.V.
(Foreign Corporation)
2. The jurisdiction and date of its formation is Netherlands Antilles, 12/01/1980
3. The name of the domesticated corporation is Joleyton Corporation
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.

Signed by:
Maria Corina Rincon
EB080A1254F54E9 (Authorized Signature)

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STATE
OF
FLORIDA

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

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Joleyton Corporation

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

445 Grand Bay Drive #101 Key Biscayne, FL 33149

Mailing Address

445 Grand Bay Drive #101 Key Biscayne, FL 33149

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Real Estate Rentals

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 30

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

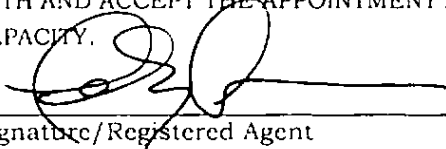
THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT IS:

Biscayne Business Management, Inc.

4000 Ponce de Leon Blvd., # 420

Coral Gables, FL 33146

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

12/20/2024
Date

FILED
2025 JAN -6 AM 1:35
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF MIAMI

ARTICLE V DIRECTORS AND/ OR OFFICERS

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

Name & Title: Alexandra Ramirez Director

Address: 445 Grand Bay Drive #101 Key Biscayne, FL 33149

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: Maria Rincon Director

Address: 445 Grand Bay Drive #101 Key Biscayne, FL 33149

Name & Title: _____

Address: _____

Name & Title: _____

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.

Signed by Maria Corina Rincon

Signature/Authorized Person

12/20/2024

Date

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STATE OF FLORIDA
DEPARTMENT OF STATE