# COVER LETTER

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

SUBJECT:

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

#### FEES:

Certificate of Domestication Articles of Incorporation and Certified Copy	\$ 50.00 <u>\$ 78.75</u>
Total filing fee	\$128.75
OPTIONAL:	
Certificate of Status	\$ 8.75

## From:

Name (printed or typed)

Address

City, State & Zip

**Daytime Telephone Number** 

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

# Articles of Domestication Foreign Corporation Domesticating to Florida

The undersigned,,,						
		(Name)	(Title)			
of			, a foreign			
•	ration, in accordance with stication.	s. 607.11922, Florida	Statutes, submit these Articles of			
1.	Then name of the domes	sticating corporation i	S			
	(Foreign Corporation)					
2.	The jurisdiction and date	of its formation is				
3.	The name of the domest	icated corporation is				
4.	The jurisdiction of forma	tion of the domestica	ted corporation is <b>Florida</b>			
5.	. The domestication corporation is a foreign corporation and the domestication was approved in accordance with its organic law.					
6.	<ol> <li>Attached are Florida Articles of Incorporation to complete the domestication requirements pursuant to s.607.0202, F.S.</li> </ol>					

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.

(Authorized Signature)

#### ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

### ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

### ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address

Mailing Address

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

#### ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

#### ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

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

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

#### ARTICLE V DIRECTORS AND/ OR OFFICERS

Name & Title	Name & Title:	
Name & The.		
Address:	Address:	
-		
Address:	Address:	
Name & Title:	Name & Title:	
Address:		
Name & Title:		
Address:	Address:	
-		

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

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

Date