

## 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 Certificate of Domestication and a check for:

**FEES:**

<b>Certificate of Domestication</b>	<b>\$50.00</b>
<b>Articles of Incorporation and Certified Copy</b>	<b><u>\$78.75</u></b>
<b>Total to domesticate and file</b>	<b>\$128.75</b>

**OPTIONAL:**

<b>Certificate of Status</b>	<b>\$ 8.75</b>
------------------------------	----------------

\_\_\_\_\_  
**Name (printed or typed)**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City, State & Zip**

\_\_\_\_\_  
**Daytime Telephone Number**

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



**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S. (Not for Profit)

**ARTICLE I    NAME**

The name of the corporation shall be:

---

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/ mailing address shall be:

Principal Address

Mailing Address

---

---

---

---

---

---

---

---

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized:

---

---

---

---

---

---

---

---

---

---

---

---

---

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

---

---

---

---

---

---

---

**ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS**

The name(s) and address(es) and specific title(s):

Title/Name

Title/Name

---

---

---

---

---

---

Title/Name

Title/Name

---

---

---

---

---

---

Title/Name

Title/Name

---

---

---

---

---

---

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

---

---

---

**ARTICLE VII INCORPORATOR**

The **name and address** of the incorporator 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

\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date