

P/B 000063508

(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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STATE DEPARTMENT OF STATE
16 JUL 26 PM 12:00:12:09

h 08/03/16

COVER LETTER

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

SUBJECT: Certificate of Domestication

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

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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F. Keith Ekenseair, P.A.

Name (printed or typed)

117 122nd Avenue East

Address

Treasure Island, FL 33706

City, State & Zip

479-236-1925

Daytime Telephone Number

kekenseair@gmail.com

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

CERTIFICATE OF DOMESTICATION

The undersigned, F. Keith Ekenseair, President,
(Name) (Title)

of F. Keith Ekenseair, P.A. a foreign corporation,
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

- 1. The date on which corporation was first formed was January 17, 2003.
- 2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was AR.
- 3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was F. Keith Ekenseair, P.A.
- 4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is F. Keith Ekenseair, P.A.
- 5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Arkansas
- 6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President, of F. Keith Ekenseair, P.A.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 21 day of July, 2016.

F. Keith Ekenseair
(Authorized Signature)

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FILED
CLERK OF STATE
JUL 21 2016
13 PM 05 09:12:00

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

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

F. Keith Ekenseair, P.A.

FILED
SECRETARY OF STATE
16 JUN 29 PM 12:00

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address

Mailing Address

117 122nd Avenue East

P.O. Box 66598

Treasure Island, FL 33706

St. Pete Beach, FL 33736-6598

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

To perform the services required to manage and operate and engage in all types of
business and to manage properties, buy, lease, construct, or otherwise acquire, own
manage, improve, control, lease and develop and operate business properties and
improvements thereon, and to sell, mortgage, pledge, or otherwise dispose of said
property, and to provide consultation services or any other investment activities
including tax and accounting services.

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: _____ 100

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

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

Title/Name	Title/Name
F. Keith Ekenseair	President

F. Keith Ekenseair	Secretary
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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:

F. Keith Ekenseair

117 122nd Avenue East

Treasure Island, FL 33706

ARTICLE VII INCORPORATOR

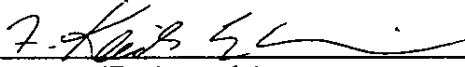
THE NAME AND ADDRESS OF THE INCORPORATOR IS:

F. Keith Ekenseair


117 122nd Avenue East

Treasure Island, FL 33706

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

7-21-16
Date


Signature/Incorporator

7-21-16
Date

FILED
CLERK OF STATE
TREASURY DEPARTMENT
16 JUL 26 PM 12:00

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(Name) (Title)

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