

N18000013289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

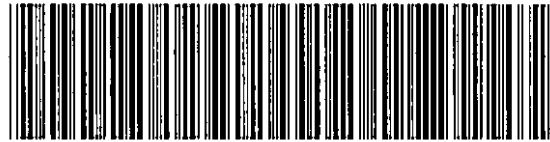
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W18-107153

## COVER LETTER

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

**SUBJECT:** Move from NM to FL

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	<u>\$78.75</u>
Total to domesticate and file	\$128.75

**OPTIONAL:**

Certificate of Status	\$ 8.75
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TALLAHASSEE, FL 32314

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

\_\_\_\_\_  
Address

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

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

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

**NOT FOR PROFIT  
CERTIFICATE OF DOMESTICATION**

The undersigned, Charlene R. Johnson, Director  
(Name) (Title)  
of The Rose Window, Inc a foreign Corporation  
(Corporation Name)

in accordance with section 617.1803, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was August 28, 2017.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was New Mexico.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was The Rose Window.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 617.01201 and 617.0202 with this certificate is The Rose Window, Inc.
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 New Mexico.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 617.1803.

I am Charlene R., of The Rose Window, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done  
so this the 18 day of December, 2018.

  
(Authorized Signature)

**Filing Fee:**

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

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TALLAHASSEE, FLORIDA

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

**ARTICLE I    NAME**

The name of the corporation shall be:

**The Rose Window, Inc.**

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailing address shall be:

Principal Address

Mailing Address

**4525 SE 169th Ave**

**Same**

**Ocklawaha, FL 32179**

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized:

**To provide a small facility for the display of certain  
artifacts, to teach about them and do consulting.**

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TALLAHASSEE, FLORIDA

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

Directors will be appointed or re-appointed by the board  
annually at the annual meeting.

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

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

Title/Name

Charlene R. Johnson

Title/Name

Director

Title/Name

Bernard C. Linnartz

Title/Name

Assistant Director

Title/Name

Brenda Heim

Title/Name

Consultant/Board Member

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FALLS CHASSFF. MO. CO.

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

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

Charlene R. Johnson

4525 SE 169th Ave

Ocklawaha, FL 32179

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

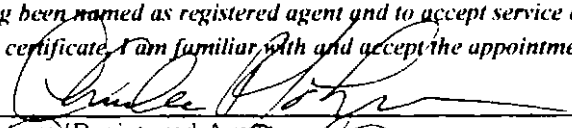
Charlene R. Johnson

4525 SE 169th Ave

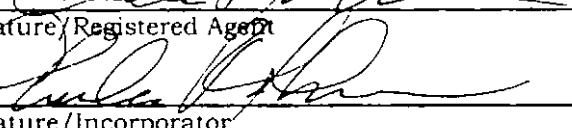
Ocklawaha, FL 32179

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TALLAHASSEE, FLORIDA

\*\*\*\*\*  
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

12/18/18  
\_\_\_\_\_  
Date

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

12/18/18  
\_\_\_\_\_  
Date