

N 2000000

1554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

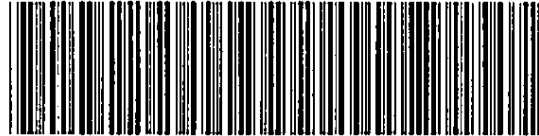
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non profit

**COVER LETTER**

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

**SUBJECT:** Domestication of nonprofit name

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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Nader Odeh

Name (printed or typed)

12461 S Indian River Dr.

Address

Jensen Beach, FL 34957

City, State & Zip

504-458-6104

Daytime Telephone Number

anthony @ccc recovery .com

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

2019-21-10-10-10

**NOT FOR PROFIT  
CERTIFICATE OF DOMESTICATION**

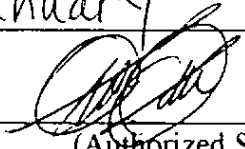
The undersigned, Nader Anthony Odeh, director  
of Unified Policyholders, Inc. (Name) (Title)  
(Corporation Name) a foreign Corporation

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

1. The date on which corporation was first formed was June, 27, 2018.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was State of Louisiana.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Unified Policyholders, Inc.
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 Unified Policyholders, 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 Louisiana.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 617.1803.

I am director of Unified Policyholders, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 13 day of January, 2020.

  
(Authorized Signature)

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

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

**ARTICLE I      NAME**

The name of the corporation shall be:

Unified Policyholders, Inc.

**ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailing address shall be:

Principal Address

Mailing Address

12461 S Indian River Dr.  
Jensen Beach, FL 34957

12461 S Indian River Dr.  
Jensen Beach, FL 34957

**ARTICLE III      PURPOSE**

The purpose for which the corporation is organized:

The purpose of this corporation is to operate  
a nonprofit organization to engage in  
educational activities promoting the social  
welfare of insurance policyholders by  
promoting greater understanding of insurance  
issues and consumer rights.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

As directed in the bylaws

**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:

Nader Anthony Odeh  
12461 S Indian River Dr.  
Jensen Beach, FL 34957

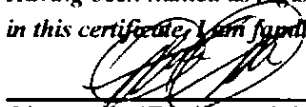
**ARTICLE VII INCORPORATOR**

The **name and address** of the incorporator is:

Maria Odeh  
12461 S Indian River Dr.  
Jensen Beach, FL 34957

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*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

1-13-20

\_\_\_\_\_  
Date

Maria Odeh

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

1-13-20

\_\_\_\_\_  
Date