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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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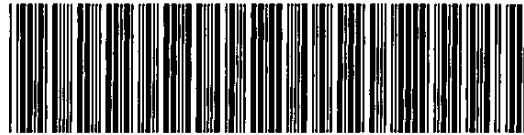
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2007 AUG -2 P 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. WHITE AUG -2 2007

TRANSMITTAL LETTER

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

SUBJECT: O'Brien & Associates, Inc.

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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FROM: Gen Miller c/o Wollinka & Wollinka
Name (printed or typed)

1835 Health Care Drive

Address

Trinity, FL 34655

City, State & Zip

727-937-4177

Daytime Telephone Number

CERTIFICATE OF DOMESTICATION

FILED

The undersigned, William L. O'Brien, President,
(Name) (Title) 2007 AUG -2 P 2: 53
of O'Brien & Associates, Inc. a foreign corporation, STATE
(Corporation Name) TALLAHASSEE, FLORIDA
in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was September 19, 1977.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Ohio.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was O'Brien & Associates, Inc..
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 O'Brien & Associates, 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 972 Alpha Drive, Cleveland, OH 44143
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President, of O'Brien & Associates, Inc.
and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 31 day of July, 2007.

William L. O'Brien
(Authorized Signature)

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

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

FILED

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE: O'Brien & Associates, Inc. 2007 AUG -2 P 2:53

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

9031 Bel Meadow Way
Trinity, FL 34655

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Any and all lawful business

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 500

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

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

William L. O'Brien, Pres.
9031 Bel Meadow Way
Trinity, FL 34655

Theresa O'Brien, S/T
9031 Bel Meadow Way
Trinity, FL 34655

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

David J. Wollinka
1835 Health Care Drive
Trinity, FL 34655

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

William L. O'Brien
9031 Bel Meadow Way
Trinity, FL 34655

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

7/31/07

Signature/Incorporator

Date

7/31/07