

P09000019165

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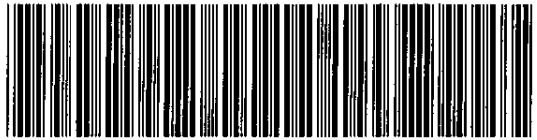
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2009 FEB 27 PM 4:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

L Burch MAR 2 2009

## TRANSMITTAL LETTER

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

**SUBJECT:** Krouse Services 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:** Krouse Services Inc Maura Krouse

**Name (printed or typed)**

223 Watkins Rd

**Address**

Belleair, FL 33756

**City, State & Zip**

410-419-3150

**Daytime Telephone Number**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 17, 2009

MAURA KROUSE  
223 WATKINS RD  
BELLEAIR, FL 33756

SUBJECT: KROUSE SERVICES, INC.  
Ref. Number: W09000007657

We have received your document for KROUSE SERVICES, INC. and your check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please type in the name of registered agent in article VI.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 309A00005619

## CERTIFICATE OF DOMESTICATION

The undersigned, Maura Krouse, President  
(Name) (Title)  
of Krouse Services Inc a foreign corporation,  
(Corporation Name)  
in accordance with s. 607.1801, Florida Statutes, does hereby certify:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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1. The date on which corporation was first formed was March 20, 2003.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Maryland.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Maryland.
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 Krouse Services 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 Maryland.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Maura Krouse, of Krouse Services Inc 223 Watkins Rd Belleair, FL 33756

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 09 day of February, 2009.

  
(Authorized Signature)

### Filing Fee:

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I    NAME**

THE NAME OF THE CORPORATION SHALL BE:

Krouse Services, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

223 Watkins Rd  
Belleair, FL 33756

**ARTICLE III    PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Corporations purpose is any and all lawful business

**ARTICLE IV    SHARES**

THE NUMBER OF SHARES OF STOCK IS:

1000.

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

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

Maura Krouse President  
Robert Krouse Vice President

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

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

*Maura Krouse*  
223 Watkins Rd  
Belleair, FL 33756

**ARTICLE VII    INCORPORATOR**

THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

Maura Krouse  
223 Watkins Rd  
Belleair, FL 33756

\*\*\*\*\*  
**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.**

*Maura Krouse*  
\_\_\_\_\_  
Signature/Registered Agent

02/09/09

\_\_\_\_\_  
Date

*Maura Krouse*  
\_\_\_\_\_  
Signature/Incorporator

02/09/09

\_\_\_\_\_  
Date