PU900005093

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE

09 JUN 21 PM 3:

COVER LETTER

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

SUBJECT: RITA E. MORSE & ASSOC, INC FIN #: 38-3081795

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
_ RITA E	Name (printed or typed)
	Name (printed or typed)
4515	N. MERIDIAN AVE. Address
	Address
MIAMI	BEACH, FL 33140
	City, State & Zip
305-	538-9677
	Daytime Telephone Number
	se99@aol.com
E-mail addi	ress: (to be used for future annual report notification)



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 5, 2009

RITA E. MORSE & ASSOC., INC. 4515 N. MERIDIAN AVE. MIAMI BEACH, FL. 33140

SUBJECT: RITA E. MORSE & ASSOC., INC.

Ref. Number: W09000026531

We have received your document for RITA E. MORSE & ASSOC., INC. and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the Certificate of Domestication in it's entirety.i.e. line 6, date of signing and signature.

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

Please return 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) 245-6934.

Loria Poole Regulatory Specialist II

. . .

Letter Number: 609A00019023

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CERTIFICATE OF DOMESTICATION OF STATE OF DOMESTICATION OF STATE OF DOMESTICATION OF STATE OF
The undersigned, RITA E. MORSE, PRESIDENTS, (Name) (Title)
of RITA E MORSE ASSOC, INC. a foreign corporation, (Corporation Name)
(Corporation Name) in accordance with s. 607.1801, Florida Statutes, does hereby certify:
1. The date on which corporation was first formed was \underline{DEC} , $\underline{/992}$.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was <u>STATE OF MICHIGAN</u> .
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was $RITA \in MORSE \neq ASSOC$, 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 RITA E. MORSE & ASSOC., 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 RITA F. MORSE & ASSOC, INC.
 Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.
I am RITA E. MORSE, of RITA EI MORSE & ASSOC., INC.
and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done
so this the 21 day of 3009 , 2009 .
Ll Morre
(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

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

	,			
ARTICLE I NAME			_	
THE NAME OF THE CORPORATION SHALL BE:		ASE(09	
RITA E. MORSE & ASSOC., INC.		部	¥	
ARTICLE II PRINCIPAL OFFICE		SS	5-	
THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:		H _O	סי	ŗ
4513 N. MERIDIAN AVE.		RY OF STATE	(-)	`.
MIAMI BEACH, FZ 33140			09 JUN 24 PH 3:	
ARTICLE III PURPOSE				
THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:				
GENERAL BUSINESS				
ARTICLE IV SHARES THE NUMBER OF SHARES OF STOCK IS: /// //				
ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:		. 0-1	011 E	<u>-</u>
RITA F. MORSE, PRES., 4515 N. MERIDIAN	NE. MIAM	11 BEAU	CH, F	4
MARC S. MORSE, VP, 4515 N. MERIDIA	VAVE, MIAM	u BEA	CH, FZ	<u>;</u>
ARTICLE VI INITIAL REGISTERED AGENT AND S	TREET ADDRE	<u>88</u>		
THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERE	D AGENT IS	S :	
RITA E. MORSE				
4515 N. MERIDIAN AVE. MIAMI BEACH PZ, 33140				
ARTICLE VII INCORPORATOR				
THE NAME AND ADDRESS OF THE INCORPORATOR IS:				
RITA E. MORSE				
4515 N. MERIDIAN AVE.				
4515 N. MERIDIAN AVE. MIAMI BEACH, FZ 33140				
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SER				
STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIF				
ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO	•			
100mora	1/2/			
Signature/Registered Agent	Date	7	-	
MOO.	0/2/0 Date 6/2/0	,		
reemone	6/2/0	, 9		
Signature/Incorporator	Daté			