

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : GM FINANCIAL GROUP  
Account Number : T19980000102  
Phone : (954) 428-8899  
Fax Number : (954) 428-6699

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**DOMESTICATION  
FOLKERSEN INTERESTS INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	<del>\$120.00</del>

128.75

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T. Burch FEB 25 2011

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**CERTIFICATE OF DOMESTICATION**

The undersigned, PHILIP J. CROYLE, REGISTERED AGENT  
 (Name) (Title)


of FOLKERSEN INTERESTS, INC. a foreign corporation  
 (Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was 5/31/78,
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was DELAWARE
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was FOLKERSEN INTERESTS, 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 FOLKERSEN INTERESTS, 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 DELAWARE
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am PHILIP J. CROYLE of FOLKERSEN INTERESTS, INC.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 18 day of FEBRUARY, 2011.

  
 (Authorized Signature)  
Philip J. Croyle

**Filing Fee:**

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

INHS53 (8/05)

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 TALLAHASSEE, FLORIDA

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

**ARTICLE I NAME**

*THE NAME OF THE CORPORATION SHALL BE:*

FOLKERSEN INTERESTS, INC.

**ARTICLE II PRINCIPAL OFFICE**

*THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:*

2015 WEXFORD GREEN DRIVE

VALRICO, FL 33594

MAILING ADDRESS IS P.O. BOX 2700, VALRICO, FL 33595-2700

**ARTICLE III PURPOSE**

*THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:*

ANY AND ALL LEGAL 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:*

PD- HENRY FOLKERSEN 2015 WEXFORD GREEN DRIVE, VALRICO, FL 33594

STD - R EYVONNE FOLKERSEN, 2015 WEXFORD GREEN DRIVE, VALRICO, FL 33594

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

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

PHILIP J. CROYLE - 370 W CAMINO GARDENS BLVD #300, BOCA RATON, FL 33432

**ARTICLE VII INCORPORATOR**

*THE NAME AND ADDRESS OF THE INCORPORATOR IS:*

PHILIP J. CROYLE - 370 W CAMINO GARDENS BLVD #300, BOCA RATON, FL 33432

\*\*\*\*\*

**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

\_\_\_\_\_  
2/23/11  
Date

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

\_\_\_\_\_  
2/23/11  
Date

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