

P/1000054984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

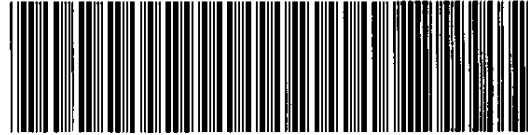
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600208692556

06/10/11--01017--016 **137.50

FILED
11 JUN 10 PM 1:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRD
6/13

COVER LETTER

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

SUBJECT: RELOCATION OF S-CORP FROM ILLINOIS TO FLORIDA

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

TL EDWARDS + COMPANY, INC
Name (printed or typed)

800 MAPLE TREE LANE
Address

ORLANDO FL 32828
City, State & Zip

847-510-5720
Daytime Telephone Number

LEDWARDSVH@COMCAST.NET
E-mail address: (to be used for future annual report notification)

CERTIFICATE OF DOMESTICATION

The undersigned, TIMOTHY EDWARDS, PRESIDENT,
(Name) (Title)

of TL EDWARDS + COMPANY, INC a foreign corporation,
(Corporation Name)

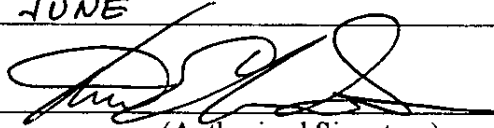
in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was AUGUST 03, 2004.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was SPRINGFIELD, ILLINOIS 62756.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was TL EDWARDS + COMPANY, 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 TL EDWARDS + COMPANY, 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 Springfield, Illinois.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am TIMOTHY EDWARDS of TL EDWARDS + COMPANY, INC.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done

so this the 6th day of JUNE, 2011.


(Authorized Signature)

Filing Fee:

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

FILED
11 JUN 10 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED

11 JUN 10 PM 1:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

TL EDWARDS + COMPANY, INC

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

800 MAPLE TREE LANE
ORLANDO FL 32828

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

INCLUDING, BUT NOT LIMITED TO, THE PROVISION OF DESIGN, LABOR,
TECHNICAL AND PRODUCTION SERVICES, ALSO INCLUDING TRAVEL SERVICES
AND EVENT/DESTINATION WEDDING PLANNING SERVICES

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

COMMON - 10,000 SHARES AUTHORIZED - 1000 SHARES PROPOSED TO BE ISSUED

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

TIMOTHY EDWARDS - 800 MAPLE TREE LANE, ORLANDO FL 32828 - PRESIDENT
LYNDA EDWARDS - 800 MAPLE TREE LANE, ORLANDO FL 32828 - SECRETARY

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

800 MAPLE TREE LANE
ORLANDO FL 32828
LYNDA EDWARDS

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

TIMOTHY EDWARDS - 800 MAPLE TREE LANE, ORLANDO FL 32828

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

Signature/Incorporator

Date

6.6.2011

6/6/2011