

P11000076210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

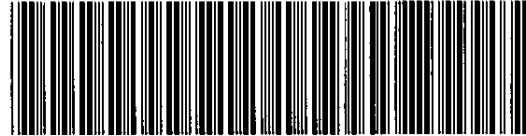
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



400207636414

05/20/11--01014--011 \*\*70.00

08/26/11--01001--019 \*\*58.75

FILED  
11 AUG 23 PM 2:30  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

*h 08/26/11*

W11-28354



RECEIVED

11 AUG 23 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 23, 2011

LINNEA BERGER  
23347 SUPERIOR AVE.  
PORT CHARLOTTE, FL 33954

SUBJECT: ECLECTIC SELECTIONS INC.  
Ref. Number: W11000028354

We have received your document for ECLECTIC SELECTIONS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

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) 245-6949.

Thomas Chang  
Regulatory Specialist II

Letter Number: 311A00012746

## COVER LETTER

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

SUBJECT: Eclectic Selections 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	\$ 78.75
Total to domesticate and file	\$128.75

### OPTIONAL:

Certificate of Status	\$ 8.75
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Eclectic Selections Inc.  
Name (printed or typed)

PO Box 494574  
Address

Port Charlotte, FL 33949-4574  
City, State & Zip

941-875-9262  
Daytime Telephone Number

lintfree@comcast.net  
E-mail address: (to be used for future annual report notification)

## CERTIFICATE OF DOMESTICATION

The undersigned, Linnea Berger, President,  
(Name) (Title)


of Eclectic Selections 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 01/30, 1995.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Indiana.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Eclectic Selection 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 Eclectic Selections 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 Indiana.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President, of Eclectic Selections Inc.

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

  
(Authorized Signature)

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

11 AUG 23 PM 2:30  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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

**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE:

**Eclectic Selections Inc.**

## **ARTICLE II    PRINCIPAL OFFICE**

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

23347 Superior Ave / PO Box 494574  
Port Charlotte, FL 33954 / Port Charlotte, FL 33949-4574

### **ARTICLE III PURPOSE**

**THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:**

**And and all lawful business**

## ARTICLE IV      SHARES

**THE NUMBER OF SHARES OF STOCK IS:**

100

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

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

**Linnea Berger, President**  
**23347 Superior Ave.**  
**Port Charlotte, FL 33954**

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Linnea Berger  
23347 Superior Ave.  
Port Charlotte, FL 33954

## ARTICLE VII INCORPORATOR

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

Linnea Berger  
23347 Superior Ave.  
Port Charlotte, FL 33954

**XX**

**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.**

Lyndal Bergert  
Signature / Registered Agent

8-18-11  
Date

David J. Berger  
Signature/Incorporator

8-18-11  
Date