# P12000092895

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nai	me)		
(Do	cument Number)			
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				
		-		
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Office Use Only



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## **COVER LETTER**

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

SUBJECT: Domestication of Derrickson Financial Group, 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						
Wooden & McLaughlin LLP ATTN: Amy L. VonDielingen Name (printed or typed)						
One Indiana Square, Suite 1800						
Address						
Indianapolis, Indiana 46204						
City, State & Zip						
(317) 639-6151						
Daytime Telephone Number						
avondielingen@woodmclaw.com						
E-mail address: (to be used for future annual report notification)						

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\$128.75

# CERTIFICATE OF DOMESTICATION

The undersigned, Lew D. Derrickson ,		President FLORIOA .			
		(Name)	(Title)		
of		The Derrickson Financial Group, Inc.	a foreign	n corporation,	
in :	accordance with s	(Corporation Name) . 607.1801, Florida Statutes, does hereby	certify:		
1.	The date on which	h corporation was first formed was	October 1	, 2004 .	
2.	The jurisdiction	where the above named corporation was fi	rst formed, incorporated	, or otherwise	
	came into being	was <u>Indiana</u>	·		
3.	The name of the	corporation immediately prior to the filing	g of this Certificate of Do	mestication	
	was The Derricl	son Financial Group, Inc.			
4.	The name of the	corporation, as set forth in its articles of ir	corporation, to be filed p	oursuant to	
	s. 607.0202 and 6	607.0401 with this certificate is The Derr	ickson Financial Group	o, 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				
5.	Attached are Flor to s. 607.1801.	ida articles of incorporation to complete t	he domestication require	ments pursuant	
ar	n President	, of <u>The Derrickson Financial Gr</u>	oup, Inc.		
and	am authorized to	sign this Certificate of Domestication on	behalf of the corporation	and have done	
o t	his the 31st day	of July	· · · · · · · · · · · · · · · · · · ·	2012	
		(Authorized Signature)			
		Filing Fee:			
		ertificate of Domestication	\$ 50.00		
	Δ	rticles of Incorporation and Cartified C	'ADM © 79.75		

Total to domesticate and file

### ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

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#### ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

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The Derrickson Financial Group, Inc. SECHETARY OF STATE

TALLAHASSEE, FLORIDA

#### ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS: 8477 Bay Colony Drive #702 Naples, FL 34108

## ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED: To engage in any business for which corporations may be formed under the Florida Business Corporation Act.

#### ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

One thousand (1,000) shares of common stock, each without par value.

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

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES: Lew D. Derrickson President, Director

8477 Bay Colony Drive #702

Naples, FL 34108

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

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

Lew D. Derrickson

8477 Bay Colony Drive #702

Naples, FL 34108

#### ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS: Lew D. Derrickson 8477 Bay Colony Drive #702

Naples, FL 34108

***************************************	*************************************
HAVING BEEN NAMED AS REGISTERED AGENT AND T	O 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.
MM	
Signature Registered Agent	Date

Signature/Incorporator

Date