

P13000023904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

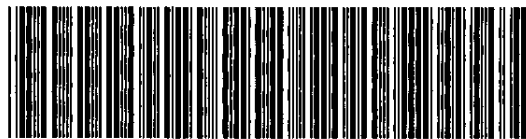
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 MAR 13 PM 1:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

UH

COVER LETTER

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

SUBJECT: Transfer Michigan Corporation 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

Daniel B Longman

Name (printed or typed)

1265 SE St Lucie Blvd

Address

Stuart, FL 34996

City, State & Zip

616 862 3430

Daytime Telephone Number

dan_longman@ajg.com

E-mail address: (to be used for future annual report notification)

CERTIFICATE OF DOMESTICATION

FILED

The undersigned, Daniel Longman, President,
(Name)
 of CLIA, Inc.,
(Corporation Name) a foreign corporation,

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 (T) SECRETARY OF STATE
 TALLAHASSEE FLORIDA

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

1. The date on which corporation was first formed was September 25th, 1996.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Michigan.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was CLIA, 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 CLIA, 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 Michigan.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Daniel Longman, of CLIA, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 27th day of February, 2013.


 (Authorized Signature)

Filing Fee:

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

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

FILED

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

CLIA, Inc.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

1265 SE St. Lucie Blvd
Stuart, FL 34966

Same

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Insurance

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 25,000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

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

Title/Name

Daniel Longman - President
1265 SE St. Lucie Blvd
Stuart FL 34996

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Dave Hoffman
4470 Anglers Ave
Dania Beach FL 33312

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Daniel Longman
1265 SE St Lucie Blvd
Stuart, FL 34996

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]
Signature/Registered Agent

3/5/13
Date

[Signature]
Signature/Incorporator

3/5/13
Date