

P13000067937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

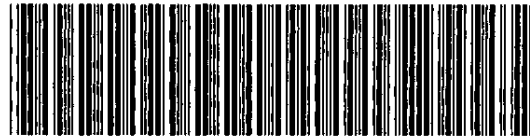
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 AUG 16 AM 10:35
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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COVER LETTER

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

SUBJECT: Domestication of Hickory Shadow 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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HICKORY SHADOW INC.

Name (printed or typed)

25 MEDALIST WAY

Address

ROTONDA WEST, FLORIDA 33947

City, State & Zip

941.740.1115

Daytime Telephone Number

hamstaples@aol.com

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

CERTIFICATE OF DOMESTICATION

The undersigned, Hamilton Staples, President,
(Name) (Title)

of HICKORY SHADOW 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 January 9, 2002.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Dutchess County, New York State.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was HICKORY SHADOW 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 HICKORY SHADOW 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 ORANGE COUNTY NEW YORK.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President, of HICKORY SHADOW INC.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 9TH day of August, 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

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

HICKORY SHADOW INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

25 Medalist Way

PO Box 3152

Rotonda West, Fl 33947

Cape Haze, Fl 33946

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Any authorized lawful purpose

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DIVISION OF CORPORATIONS
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ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 200

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

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

Title/Name

President/Hamilton Staples

25 Medalist Way

Rotonda West, FL 33947

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

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DIVISION OF CORPORATIONS
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ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Hamilton Staples
25 Medalist Way
Rotonda West, Fl 33947

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:


Hamilton Staples
25 Medalist Way
Rotonda West, Fl. 33947

**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

8/9/2013

Date


Signature/Incorporator

8/9/2013

Date

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DIVISION OF CORPORATIONS
SECRETARY OF STATE