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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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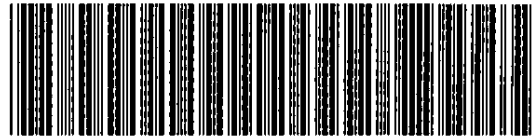
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/12/14

COVER LETTER

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

SUBJECT: Lyle Howard Corporation Registration

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

Lyle Howard Corporation

Name (printed or typed)

106 East 5th Avenue

Address

Mount Dora, FL 32757

City, State & Zip

908 788-4580

Daytime Telephone Number

lylehoward@aol.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CERTIFICATE OF DOMESTICATION

The undersigned, Lynette Lyle Howard, CEO/President,
(Name) (Title)

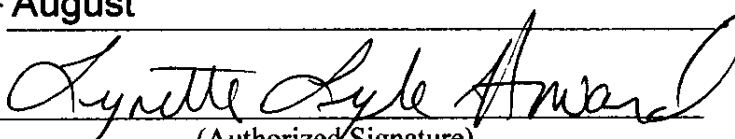
of Lyle Howard Corporation a foreign corporation,
(Corporation Name)

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

1. The date on which corporation was first formed was January 1, 1988.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was New Jersey.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Lyle Howard Corporation.
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 Lyle Howard Corporation.
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 New Jersey.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Lynette Lyle Howard, of Lyle Howard Corporation

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 1st day of August, 2014.


(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Lyle Howard Corporation

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

106 East 5th Avenue
Mount Dora, FL 32757

Mailing Address

106 East 5th Avenue
Mount Dora, FL 32757

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Consulting Services for International Medical Device Regulatory Compliance

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:

Title/Name

CEO/President: Lynette Lyle Howard

106 East 5th Avenue

Mount Dora, FL 32757

Title/Name

Title/Name

Board of Directors: Donald Howard

106 East 5th Avenue

Mount Dora, FL 32757

Title/Name

Title/Name

Board of Directors: Erika Howard

106 East 5th Avenue

Mount Dora, FL 32757

Title/Name

Title/Name

Board of Directors: Tanya Howard

106 East 5th Avenue

Mount Dora, FL 32757

Title/Name

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Lynette Lyle Howard
106 East 5th Avenue
Mount Dora, FL 32757

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Lynette Lyle Howard
106 East 5th Avenue
Mount Dora, FL 32757

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.

Lynette Lyle Howard
Signature/Registered Agent

1 August 2014
Date

Lynette Lyle Howard
Signature/Incorporator

1 August 2014
Date

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TALLAHASSEE, FLORIDA