

P14000088435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

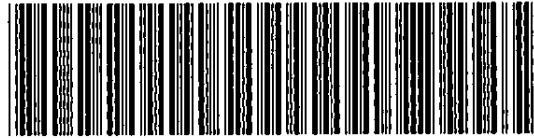
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
BUREAU OF CONSULAR AFFAIRS
2014 OCT 29 AM 10:29
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1711.000
14 OCT 29 AM 11:16
U.S. DEPARTMENT OF STATE
BUREAU OF CONSULAR AFFAIRS
FALL ALIAS OF FLORIDA

10/29/14

COVER LETTER

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

SUBJECT: Bruce M. Arons & Company Insurance Agency, 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	\$ <u>78.75</u>
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status \$ 8.75

Bruce M. Arons

Name (printed or typed)

103A Palm Point Circle

Address

Palm Beach Gardens, FL 33148

City, State & Zip

561-627-0652

Daytime Telephone Number

bruce@aronsdunsmore.com

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

CERTIFICATE OF DOMESTICATION

The undersigned, Bruce M. Arons, President,
(Name) (Title)

of Bruce M. Arons & Company Insurance Agency, Inc. a foreign corporation,
(Corporation Name)

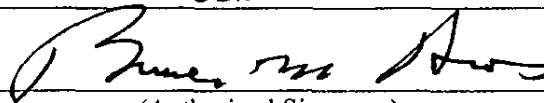
in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was July 7, 1999.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was the Commonwealth of Massachusetts.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Bruce M. Arons & Company Insurance Agency, 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 Bruce M. Arons & Company Insurance Agency, 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 the Commonwealth of Massachusetts.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President, of Bruce M. Arons & Company Insurance Agency, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done

so this the 28th day of October, 2014.



(Authorized Signature)

Filing Fee:

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

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

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Bruce M. Arons & Company Insurance Agency, Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

103A Palm Point Circle

103A Palm Point Circle

Palm Beach Gardens, FL 33148

Palm Beach Gardens, FL 33148

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

To act exclusively as an insurance agent or broker in accordance with applicable laws and
regulations of the State of Florida.

FILED
14 OCT 29 PM 11:14
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 100 common shares

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

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

Title/Name

President / Bruce M. Arons

103A Palm Point Circle

Palm Beach Gardens, FL 33148

Title/Name

Treasurer / Bruce M. Arons

103A Palm Point Circle

Palm Beach Gardens, FL 33148

Title/Name

Secretary / Bruce M. Arons

103A Palm Point Circle

Palm Beach Gardens, FL 33148

Title/Name

Director / Bruce M. Arons

103A Palm Point Circle

Palm Beach Gardens, FL 33148

Title/Name

Title/Name

Title/Name

Title/Name

14 OCT 29 AM 11:14
TALLAHASSEE, FLORIDA
STATE

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Bruce M. Arons

103A Palm Point Circle

Palm Beach Gardens, FL 33148

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

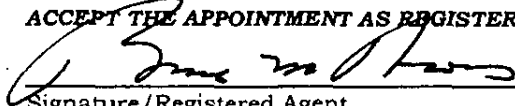
Bruce M. Arons

103A Palm Point Circle

Palm Beach Gardens, FL 33148

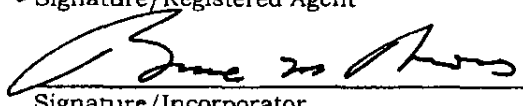
FILED
14 OCT 29 AM 11:14
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

10/13/2014
Date



Signature/Incorporator

10/13/2014
Date