

P15000022383

(Requestor's Name)

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15 MAR -5 PM 12:50
STATE OF MARYLAND
DEPARTMENT OF REVENUE

MD 3/9

COVER LETTER

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

SUBJECT: _____

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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Lyman Smith

Name (printed or typed)

18702 Van Nuys Circle

Address

Port Charlotte, FL 3348

City, State & Zip

336-510-8799

Daytime Telephone Number

lsmith@lymansmithlaw.com

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

CERTIFICATE OF DOMESTICATION

The undersigned, Lyman Smith, President
(Name) (Title)
of Patent Service Associates, Inc. a foreign corporation.
(Corporation Name)

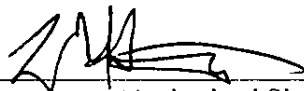
15 MAR - 5 PM 12:50

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

1. The date on which corporation was first formed was May 19, 2011
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was North Carolina
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Patent Service Associates, 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 Patent Service Associates, 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 Port Charlotte, Charlotte County, Florida
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Lyman Smith, of Port Charlotte, Florida

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 24th day of February, 2015



(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.

15 MAR -5 PM 12:50
STATE OF FLORIDA
CORPORATION

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Patent Service Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address

Mailing Address

18702 Van Nuys Cir.
Port Charlotte, FL 33948

18702 Van Nuys Cir.
Port Charlotte, FL 33948

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Intellectual property and patent services

ARTICLE IV SHARES 100
THE NUMBER OF SHARES OF STOCK IS: _____

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

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

Title/Name	Title/Name
Lyman Smith, President	_____
18702 Van Nuys Circle	_____
Port Charlotte, FL 33948	_____

Title/Name	Title/Name
_____	_____
_____	_____
_____	_____

Title/Name	Title/Name
_____	_____
_____	_____
_____	_____

Title/Name	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:

Lyman Smith
18702 Van Nuys Circle
Port Charlotte, FL 33948


15 MAR -5 PM 12:50
STATE
REGISTERED AGENT
FLORIDA

ARTICLE VII INCORPORATOR


THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

Lyman Smith
18702 Van Nuys Circle
Port Charlotte, FL 33948

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

2-24-2015
Date


Signature/Incorporator

2-24-2015
Date