

P15000039691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

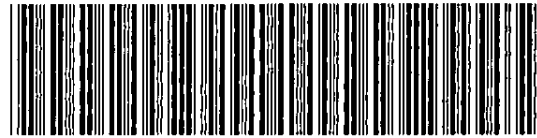
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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04/28/15--01032--022 \*\*128.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 MAR 28 PM 1:49

APPROVAL  
AND  
FILED

1/4

**COVER LETTER**

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

**SUBJECT:** Steele & Associates, 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 |
|-----------------------|---------|

\_\_\_\_\_  
Name (printed or typed)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Daytime Telephone Number

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

APPROVED  
AND  
FILED

# CERTIFICATE OF DOMESTICATION

15 MAR 28 PM 1:49

The undersigned, Robert Steele, President  
(Name)

(Title) SECRETARY OF STATE  
ALLAHASSEE FLORIDA

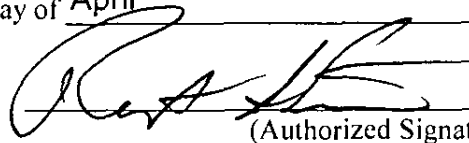
of Steele & Associates, Inc.  
(Corporation Name) a foreign corporation,

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

1. The date on which corporation was first formed was January 1, 1986.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was State of Michigan.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Steele & 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 Steele & 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 State of Michigan.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Robert Steele, of Steele & Associates Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 20th day of April, 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 |

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

APPROVED  
AND  
FILED

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**ARTICLE I    NAME**

*THE NAME OF THE CORPORATION SHALL BE:*

RT Steele & Associates, Inc.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II    PRINCIPAL OFFICE**

*THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:*

Principal Address

Mailing Address

18169 Grace Ave

18169 Grace Ave

Port Charlotte, FL 33948

Port Charlotte, FL 33948

**ARTICLE III    PURPOSE**

*THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:*

Purchase, sell, lease and management of residential and commercial properties.

Excavation; Building Construction

Investment in real and personal property

**ARTICLE IV    SHARES**    1000  
*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  
Robert Steele, President  
\_\_\_\_\_  
18169 Grave Ave  
\_\_\_\_\_  
Port Charlotte, FL 33948  
\_\_\_\_\_

Title/Name  
Debra Steele, Sec/Treas  
\_\_\_\_\_  
18169 Grave Ave  
\_\_\_\_\_  
Port Charlotte, FL 33948  
\_\_\_\_\_

Title/Name  
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Title/Name  
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\_\_\_\_\_

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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:*

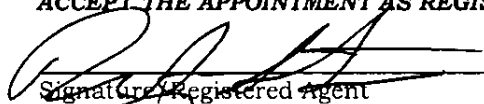
Robert Steele  
\_\_\_\_\_  
18169 Grave Ave  
\_\_\_\_\_  
Port Charlotte, FL 33948  
\_\_\_\_\_

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


Robert Steele  
\_\_\_\_\_  
18169 Grave Ave  
\_\_\_\_\_  
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

4/20/15  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

4/20/15  
\_\_\_\_\_  
Date