

P15000044540

(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



000272346570

05/14/15--01021--006 **137.50

FILED
15 MAY 14 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5 19 15 61

Feigenbaum + Uddo, LLC

COUNSELORS AT LAW

May 13, 2015

Via Overnight Mail

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

Re: Gayle Rosen, Inc.

Dear Sir/Madam:

Enclosed please find the following documents pertaining to the above-referenced entity for your use:

- Certificate of Domestication (original and one copy);
- Articles of Incorporation; and
- Check in the amount of \$137.50, in payment of the filing fee and a certificate of status.

Please forward the same to my office at your earliest convenience.

Very truly yours,

Eleanor M. Uddo



Richard A. Feigenbaum, Esq. EMU:cw
Eleanor M. Uddo, Esq. Enclosure

Playhouse Square
386 Washington Street
Wellesley, MA 02481

[t] 781.237.9900
[f] 781.237.9901
[e] raf@elderlaw.com
emu@elderlaw.com

www.elderlaw.com

COVER LETTER

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

SUBJECT: Gayle Rosen, 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

Eleanor M. Uddo, Esq.

Name (printed or typed)

386 Washington Street

Address

Wellesley, MA 02481

City, State & Zip

781-237-9900

Daytime Telephone Number

inspire@gaylerosen.com

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

CERTIFICATE OF DOMESTICATION

The undersigned, Gayle Rosen, President,
(Name) (Title)

of Gayle Rosen, 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 April 1, 1992.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Massachusetts.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Gayle Rosen, 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 Gayle Rosen, 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 Massachusetts.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President, of Gayle Rosen, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 8th day of May, 2015.

X Gayle Rosen
(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.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Gayle Rosen, Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

204 North Village Street
Celebration, FL 34747

204 North Village Street
Celebration, FL 34747

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

To provide consulting services for all industries.

19 MAY 14 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 200,000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

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

Title/Name

President: Gayle Rosen

204 North Village Street

Celebration, FL 34747

Title/Name

Treasurer: Gayle Rosen

204 North Village Street

Celebration, FL 34747

Title/Name

Director: Gayle Rosen

204 North Village Street

Celebration, FL 34747

Title/Name

Secretary: Gayle Rosen

204 North Village Street

Celebration, FL 34747

Title/Name

Clerk: Gayle Rosen

204 North Village Street

Celebration, FL 34747

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:

Gayle Rosen

204 North Village Street

Celebration, FL 34747

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Gayle Rosen

204 North Village Street

Celebration, FL 34747

**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.**

X Gayle Rosen
Signature/Registered Agent

April 27-2015
Date

X Gayle Rosen
Signature/Incorporator

April 27 2015
Date