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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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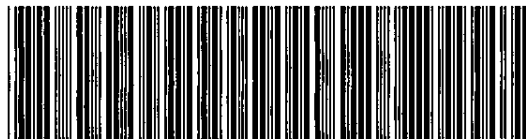
(Business Entity Name)

(Document Number)

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

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**COVER LETTER**

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

**SUBJECT: CERTIFICATE OF DOMESTICATION FOR MICHAEL D. KLIFF, 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

**MICHAEL D. KLIFF, INC.**

Name (printed or typed)

**161 NW BENTLEY CIRCLE**

Address

**PORT ST. LUCIE, FL 34986-2435**

City, State & Zip

**847-520-4272**

Daytime Telephone Number

**MKCPALAW@COMCAST.NET**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 21, 2015

MICHAEL D. KLIFF, INC.  
161 NW BENTLEY CIRCLE  
PORT ST. LUCIE, FL 34986-2435

SUBJECT: MICHEAL D. KLIFF, INC.  
Ref. Number: W15000081658

We have received your document for MICHEAL D. KLIFF, INC. and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity must be identical throughout the document.

Verify and correct the name of the Officer/Director, Registered Agent and the Incorporator. The spelling is not consistent.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 815A00026687

**CERTIFICATE OF DOMESTICATION**

The undersigned, MICHAEL D. KLIFF, PRESIDENT,  
(Name) (Title)

of MICHAEL D. KLIFF, 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 DECEMBER 16, 2003
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was STATE OF ILLINOIS
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was MICHAEL D. KLIFF, 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 MICHAEL D. KLIFF, 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 ILLINOIS
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am PRESIDENT, of MICHAEL D. KLIFF, INC.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 26TH day of DECEMBER, 2015

*Michael D. Kliff*

(Authorized Signature)

**Filing Fee:**

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

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

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**ARTICLE I NAME**

*THE NAME OF THE CORPORATION SHALL BE:*

MICHAEL D. KLIFF, INC.

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**ARTICLE II PRINCIPAL OFFICE**

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

Principal Address

Mailing Address

161 NW BENTLEY CIRCLE

161 NW BENTLEY CIRCLE

PORT ST. LUCIE, FL 34986-2435

PORT ST. LUCIE, FL 34986-2435

**ARTICLE III PURPOSE**

*THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:*

THE TRANSACTION OF ANY AND ALL LAWFUL BUSINESS  
FOR WHICH CORPORATIONS MAY BE INCORPORATED  
UNDER THE LAWS OF THE FLORIDA.

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**ARTICLE IV SHARES**

THE NUMBER OF SHARES OF STOCK IS: 50,000 AUTHORIZED

**ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS**

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

Title/Name

MICHAEL D. KLIFF, PRES & TREAS  
161 NW BENTLEY CIRCLE  
PORT ST. LUCIE, FL 34986-2435

Title/Name

DEBRA L. KLIFF, SECR  
161 NW BENTLEY CIRCLE  
PORT ST. LUCIE, FL 34986-2435

Title/Name

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Title/Name

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Title/Name

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RECORDED & INDEXED

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

MICHAEL D. KLIFF  
161 NW BENTLEY CIRCLE  
PORT ST. LUCIE, FL 34986-2435

**ARTICLE VII INCORPORATOR**

*THE NAME AND ADDRESS OF THE INCORPORATOR IS:*

MICHAEL D. KLIFF  
161 NW BENTLEY CIRCLE  
PORT ST. LUCIE, FL 34986-2435

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**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.**

*Michael D Kliff*  
Signature/Registered Agent

12-26-15  
Date

*Michael D Kliff*  
Signature/Incorporator

12-26-15  
Date