

P160000000270

(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



300279802643

12/14/15--01007--027 **128.75

15 DEC 31 AM 8:40

11/2 8/16/58

und 1/4

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
Total to domesticate and file	\$128.75

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

15 DEC 31 AM 8:40

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

MICHAEL D. KLIFF, INC.

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.

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

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

15 DEC 31 AM 8:40
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

15 DEC 31 AM 8:40

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