

P16000034492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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16 APR 13 PM 7:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Correlative Incorporated

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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Genevieve Miller

Name (printed or typed)

10015 Trinity Blvd., Suite 101

Address

Trinity, FL 34655

City, State & Zip

727-937-4177

Daytime Telephone Number

Ronald Leone: ronleone@independent-npr.com

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

## CERTIFICATE OF DOMESTICATION

The undersigned, Ronald W. Leone, Vice President,  
(Name) (Title)

of Correlative Incorporated 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 February 26, 1997.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was State of Delaware.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Correlative Incorporated.
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 Correlative Incorporated.
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  
1 Eves Drive, Suite 111, Marlton, NJ 08053.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Vice President, of Correlative Incorporated

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the \_\_\_\_ day of April, 2016

  
(Authorized Signature)

FILED  
APR 13 PM 7:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### 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:*

Correlative Incorporated

**ARTICLE II    PRINCIPAL OFFICE**

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

Principal Address

Mailing Address

5613 Gulf Drive

5613 Gulf Drive

New Port Richey, FL 34652

New Port Richey, FL 34652

**ARTICLE III    PURPOSE**

*THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:*

Any and all lawful business.

**ARTICLE IV    SHARES**

THE NUMBER OF SHARES OF STOCK IS: 10

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

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

Title/Name

Christopher J. Leone - P/D

4630 Dewey Drive

New Port Richey, FL 34652

Title/Name

Ronald W. Leone - VP/D

4630 Dewey Drive

New Port Richey, FL 34652

Title/Name

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Title/Name

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Title/Name

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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:

Ronald W. Leone

5613 Gulf Drive

New Port Richey, FL 34652

**ARTICLE VII INCORPORATOR**

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

Ronald W. Leone

5613 Gulf Drive

New Port Richey, FL 34652

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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.**

  
\_\_\_\_\_  
Signature/Registered Agent

4/8/2016  
Date

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

4/8/2016  
Date