

P/6000093031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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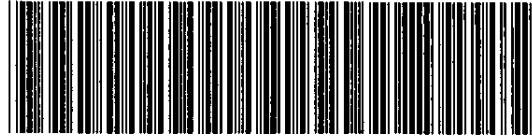
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
2016 NOV 21 PM 2:15

11/23/16

COVER LETTER

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

SUBJECT: TRANSFERRING CORP. FROM INDIANA TO FLORIDA

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

CARL STAGE
Name (printed or typed)

3144 EMERALD BLVD
Address

KOKOMO, IN 46902
City, State & Zip

765-860-1473
Daytime Telephone Number

b. stage 49 @ gmail. com
E-mail address: (to be used for future annual report notification)

CERTIFICATE OF DOMESTICATION

The undersigned, CARL STAGE, OWNER,
(Name) (Title)

of C+B INSURANCE CONSULTING 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 JANUARY 1, 2013.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was KOKOMO, INDIANA.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was C+B INSURANCE CONSULTING 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 C+B INSURANCE CONSULTING 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 KOKOMO, INDIANA.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am CARL STAGE, of C+B INSURANCE CONSULTING INC.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 16th day of NOVEMBER, 2016.

Carl Stage
(Authorized Signature)

Filing Fee:

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

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

2016 NOV 21 PM 2:15

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SECRETARY OF STATE
DIVISION OF CORPORATE REGISTRATION

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

C + B Insurance Consulting Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

15271 McGregor Blvd STE 16
PMB 400
Fort MYERS, FL 33908

15271 McGregor Blvd STE 16
PMB 400
Fort MYERS, FL 33908

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

FOR INSURANCE AGENCY Consulting

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 100

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

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

Title/Name

PRESIDENT CARL STAGE

3144 EMERALD BLVD

KOKOMO, IN 46902

Title/Name

Title/Name

Title/Name

Title/Name

SECRETARY BRENDA STAGE

3144 EMERALD BLVD

KOKOMO, IN 46902

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:

CARL STAGE
15271 MCGREGOR BLVD STE 16
PMB 400
FORT MYERS, FL 33908

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

CARL STAGE
3144 EMERALD BLVD
KOKOMO, IN 46902

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DIVISION OFFICE
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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.

Carl Stage
Signature/Registered Agent

11-16-16
Date

Carl Stage
Signature/Incorporator

11-16-16
Date