

P17000040727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

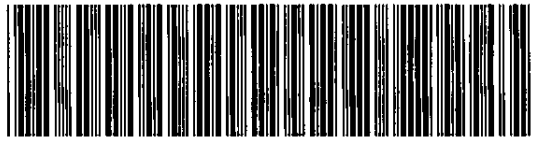
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300297901413

04/14/17--01023--007 \*\*128.75

STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
17 MAY -9 PM 4: 50  
FILED

MAY - 8 2017  
T SCHROEDER

**COVER LETTER**

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

**SUBJECT: Domestication of Foreign Corporation**

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

**Pediatric Feeding & Swallowing, Inc.**

Name (printed or typed)

**137 1st St W**

Address

**Tierra Verde, FL 33715**

City, State & Zip

**727-317-7651**

Daytime Telephone Number

**geoff@comrie.net**

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

**CERTIFICATE OF DOMESTICATION**

The undersigned, Joan Comrie, President,  
(Name) (Title)

of Pediatric Feeding and Swallowing Associates, 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 10/21, 1996.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Wake County, NC.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Pediatric Feeding and Swallowing Associates, 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 Pediatric Feeding & Swallowing, 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 North Carolina.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Joan Comrie, of Pediatric Feeding and Swallowing Associates, Inc

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 30 day of April, 2017.

Joan Comrie  
(Authorized Signature)

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

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 17 MAY -8 PM 4:50  
 FILED

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

**ARTICLE I NAME**

*THE NAME OF THE CORPORATION SHALL BE:*

Pediatric Feeding & Swallowing, Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

Principal Address

Mailing Address

137 1st St W

137 1st St W

Tierra Verde, FL 33715

Tierra Verde, FL 33715

**ARTICLE III PURPOSE**

*THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:*

Evaluate and treat infants and children with swallowing disorders.

**FILED**  
17 MAY - 8 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE IV SHARES**

THE NUMBER OF SHARES OF STOCK IS: 1000

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

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

Title/Name

President

Joan Comrie

Title/Name

Secretary

Geoff Comrie

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

FILED  
17 MAY -8 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

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

Joan Comrie  
\_\_\_\_\_  
137 1st St W  
\_\_\_\_\_  
Tierra Verde, FL 33715  
\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

*THE NAME AND ADDRESS OF THE INCORPORATOR IS:*

Joan Comrie  
\_\_\_\_\_  
137 1st St W  
\_\_\_\_\_  
Tierra Verde, FL 33715  
\_\_\_\_\_

\*\*\*\*\*

**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.**

*Joan Comrie*  
\_\_\_\_\_  
Signature/Registered Agent

4-30-2017  
\_\_\_\_\_  
Date

*Joan Comrie*  
\_\_\_\_\_  
Signature/Incorporator

4-30-2017  
\_\_\_\_\_  
Date

FILED  
17 MAY - 8 PM 4: 50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA