

P17000064176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

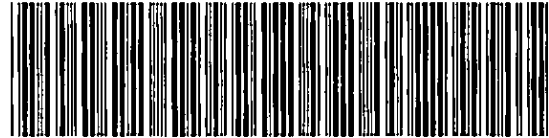
(Business Entity Name)

(Document Number)

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

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Office Use Only



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FILED  
17 JUL 28 AM 9:11  
AUGUST 1, 2017

T. BURCH  
JUL 28 2017

## COVER LETTER

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

SUBJECT: CERTIFICATION, INCORPORATION + STATUS

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

EXECUTIVE AID INC

Name (printed or typed)

PO Box 1993

Address

TITUSVILLE, FLORIDA 32781

City, State & Zip

248-766-3106

Daytime Telephone Number

EXECUTIVEAID2@GMAIL.COM

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

## CERTIFICATE OF DOMESTICATION

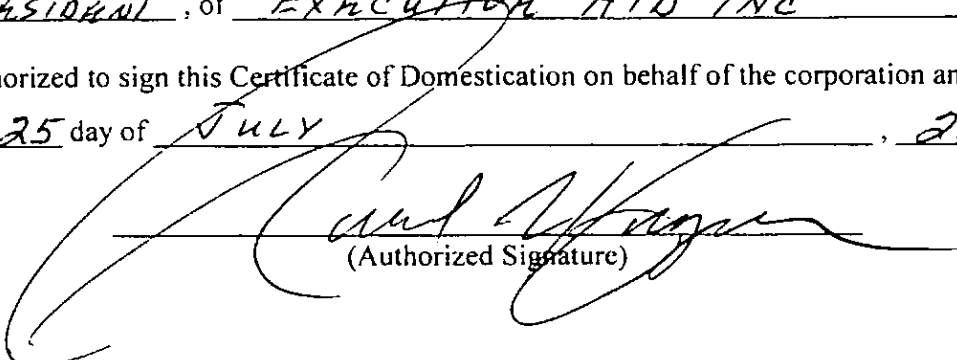
The undersigned, RONALD A. HAGAN, PRESIDENT,  
(Name) (Title)

of EXECUTIVE AID 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 06/16, 1983.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was LANSING MICHIGAN.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was EXECUTIVE AID 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 EXECUTIVE AID 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 WISCONSIN
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am PRESIDENT, of EXECUTIVE AID INC  
and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 25 day of JULY, 2017.

  
(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.

FILED  
17 JUL 28 AM 9:14  
ALL AMENDED 0000

**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE:

EXECUTIVE AID INC.

**ARTICLE II PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

1660 JAMAICA ST

P.O. Box 1993

TITUSVILLE, FLORIDA

TITUSVILLE, FLORIDA

32780

32781

**ARTICLE III PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

REAL ESTATE DEVELOPMENT, PROPERTY MANAGEMENT  
CONSULTING, BUSINESS CONSULTING AND  
MANAGEMENT, SELF STORAGE

**ARTICLE IV SHARES**

THE NUMBER OF SHARES OF STOCK IS: 500

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

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

Title/Name

Title/Name

RONALD A. HAGGINS JR

1660 JAMAICA STR

TITUSVILLE, FL 32780

DIRECTOR

Title/Name

Title/Name

RONALD A. HAGGINS JR, SR

2150 SPENCER RD APT 10C

ORANGE PARK, FL 32073

DIRECTOR

Title/Name

Title/Name

MARSHA LAMBERT

DIRECTOR

1660 JAMAICA ST

TITUSVILLE, FLORIDA

32780

Title/Name

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 A. HAGAN SR  
1660 JAMAICA ST  
TITUSVILLE, FLORIDA  
32780

**ARTICLE VII INCORPORATOR**

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

RONALD A. HAGAN  
1660 JAMAICA ST  
TITUSVILLE, FL 32780

FILED  
17 JUL 28 AM 9:14  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

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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]  
Signature/Registered Agent

7-25-2017  
Date

[Signature]  
Signature/Incorporator

7-25-2017  
Date