

P17000083318

(Requestor's Name)

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(Business Entity Name)

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17 OCT 16 AM 10:11
FBI/DOJ

T. BURCH
OCT 17 2017

COVER LETTER

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

SUBJECT: Domestication from North Carolina 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	\$ <u>78.75</u>
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status \$ 8.75

Holmes Pediatric Therapy, Inc

Name (printed or typed)

13789 NW 30th Road

Address

Gainesville, FL 32606

City, State & Zip

954-558-5547

Daytime Telephone Number

Laura@HolmesOT.com

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

CERTIFICATE OF DOMESTICATION

FILED
17 OCT 16 AM 10:11
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE SEVENTH JUDICIAL CIRCUIT
IN FLORIDA

The undersigned, Laura Santurri Holmes, President
(Name) (Title)
of Holmes Pediatric Therapy, 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 March 2, 2016.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Wake County, North Carolina, USA.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Holmes Pediatric Therapy, 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 Holmes Pediatric Therapy, 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 Wake County, North Carolina, USA.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President, of Holmes Pediatric Therapy, Inc

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 5 day of October, 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.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Holmes Pediatric Therapy, Inc

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

13789 NW 30th Rd., Gainesville, FL 32606

13789 NW 30th Rd., Gainesville, FL 32606

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: 100

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

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

Title/Name

President/Holmes, Laura S

CEO/Holmes, Adam L

Title/Name

Title/Name

Title/Name

Title/Name

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:

Adam Lane Holmes

13789 NW 30th Rd.

Gainesville, FL 32606

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

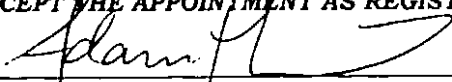
Laura Santurri Holmes

13789 NW 30th Rd,

Gainesville, FL 32606

FILED
17 OCT 16 AM 10:11
CLERK OF DISTRICT COURT
JANUARY 17, 2017

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

10/5/2017
Date


Signature/Incorporator

10/5/2017
Date