

P18000001682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

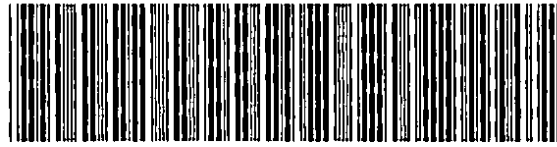
(Business Entity Name)

(Document Number)

ified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF COURT  
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T. BURCH  
JAN 8 2018

## COVER LETTER

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

SUBJECT: Change Kestrel Health Information Inc to Domestic 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	\$ <u>78.75</u>
Total to domesticate and file	\$128.75

### OPTIONAL:

Certificate of Status	\$ 8.75
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\_\_\_\_\_  
Name (printed or typed)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Daytime Telephone Number

taxes@ag1financial.com  
E-mail address: (to be used for future annual report notification)

## CERTIFICATE OF DOMESTICATION

The undersigned, Jean M. Cunningham President  
(Name) (Title)

of Kestrel Health Information, Inc a foreign corporation.  
(Corporation Name)

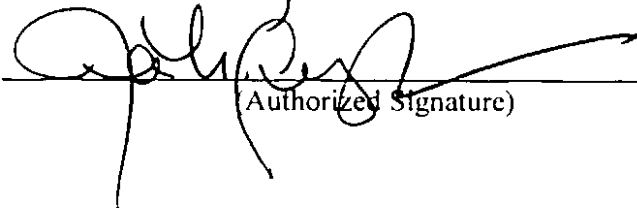
in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was December 7, 1995.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Vermont.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Kestrel Health Information, 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 Kestrel Health Information, 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 Vermont.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President, of Kestrel Health Information, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done

so this the 2 day of January, 2018

  
(Authorized Signature)

### Filing Fee:

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

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TALLAHASSEE, FLORIDA

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

**ARTICLE I    NAME**

*THE NAME OF THE CORPORATION SHALL BE:*

Kestrel Health Information, Inc. \_\_\_\_\_

**ARTICLE II    PRINCIPAL OFFICE**

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

Principal Address

Mailing Address

206 Commerce Street

1015 Atlantic Blvd #446

Hinesburg, VT 05461

Atlantic Beach, FL 32233

**ARTICLE III    PURPOSE**

*THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:*

Publishing

**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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Title/Name

Secretary

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Title/Name

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Title/Name

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Title/Name

Jeanne Cunningham

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Title/Name

Brian Duerr

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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:

AG ONE FINANCIAL INC  
302 3rd Street Suite 4  
Neptune Beach, Florida 32266

**ARTICLE VII INCORPORATOR**


THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Jeanne Cunningham  
2014 Lakeside Dr  
Jacksonville Beach, FL 32250

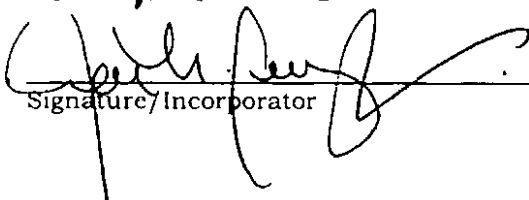
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CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

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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/Registered Agent

1/2/18  
\_\_\_\_\_  
Date

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

1/2/18  
\_\_\_\_\_  
Date