

P190000000102

(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 _____

Special Instructions to Filing Officer:

Office Use Only



100322276791

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TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

100322276791
T SCHROEDER

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserv.com
e-mail: info@incserv.com



ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 12/27/2018

PRIORITY Routine

OUR REF # (Order ID#) 710828

ORDER ENTITY

GARSON & ASSOCIATES CO.

PLEASE PERFORM THE FOLLOWING SERVICES:

GARSON & ASSOCIATES CO. (FL)

File the attached Certificate of Domestication

New corp filing

Please provide a certified copy as evidence.

NOTES:

\$128.75 Authorized

Email address for annual report reminders: rpolak@walterhav.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

CERTIFICATE OF DOMESTICATION

The undersigned, Stuart I. Garson, President,
(Name) (Title)

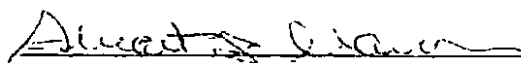
of Garson & Associates Co., LPA a foreign corporation.
(Corporation Name)

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

1. The date on which corporation was first formed was November 29, 1989.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Ohio.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Garson & Associates Co., LPA.
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 Garson & Associates Co..
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 Ohio.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Stuart I. Garson of Garson & Associates Co.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 27th day of December, 2018.


(Authorized Signature)

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

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

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Garson & Associates Co.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

11873 Via Salerno Way

Same as Principal

Miromar Lakes, FL 33913

Address

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

The Corporation is organized to transact any or all lawful business for which corporations
may be incorporated under the FBCA as it now exists or may hereafter be amended or supplemented.

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ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 100 no par common shares

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

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

Title/Name

President and Secretary/Stuart I. Garson

Title/Name

Vice President and Treasurer/Cheryl L. Garson

Title/Name

Title/Name

Title/Name

Title/Name

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:

Stuart I. Garson

11873 Via Salerno Way, Miromar Lakes, FL 33913

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Stuart I. Garson

11873 Via Salerno Way, Miromar Lakes, FL 33913

**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

Date

12-17-18

Signature/Incorporator

Date

12-17-18

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TALLAHASSEE, FLORIDA
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