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(Requestor's Name)		
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PICK-UP	☐ WAIT	MAIL
	siness Entity Name	<u> </u>
(Би	siness Endry Name	7)
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Certified Copies	_ Certificates o	f Status
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Special Instructions to	Filing Officer:	

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COVER LETTER

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

SUBJECT:	Lipostructure, Inc.			
Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:				
FEES:				
Certificate of Domestication		\$ 50.00		
Article	s of Incorporation and C	ertified Copy \$ 78.75		
Total to	o domesticate and file	\$128.75		
OPTIONAL:				
Certifie	cate of Status	\$ 8.75		
	Lipostructure, Inc.			
		Name (printed or typed)		
	17180 SE 78th Crowfield			
	Address			
	The Villages, FL 32162			
	City, State & Zip			
	917-685-2668			
	Daytime Telephone Number			
jamiej@lipostructure.com				
	E-mail address: (to be used for future annual report notification)			

CERTIFICATE OF DOMESTICATION

Owner
(Title)
a foreign corporation,
reby certify:
January 1 , 1998
was first formed, incorporated, or otherwise
filing of this Certificate of Domestication
s of incorporation, to be filed pursuant to estructure, Inc.
or principal place of business or central alent jurisdiction under applicable law, mestication was
plete the domestication requirements pursuant
on on behalf of the corporation and have done , 2018 .
nature) ASE 18
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ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME		
THE NAME OF THE CORPORATION SHALL BE:		
Lipostructure, Inc.		
ARTICLE II PRINCIPAL OFFICE		
THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS: Principal Address	Mailing Address	
17180 SE 78th Crowfield Ave.	Lipostructure Inc. c/o Sydney R. Coleman	
The Villages, FL 32162	17180 SE 78th Crowfield Ave.	
	The Villages, FL 32162	
ARTICLE III PURPOSE		
THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZ	ED:	
To engage in any lawful act or activity for which co	orporations may be organized under	
the the Business Corporation Law provided that th	e corporation is not formed to engage in any	
act or activity which requires the consent or appro	oval of any state official. department, board,	
agency, or other body, without such consent or ap	proval first being obtained.	
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ARTICLE IV SHARES THE NUMBER OF SHARES OF STOCK IS: 2000 share no par value				
ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS				
THE NAME(S) AND ADDRESS(ES) AND SPECIF				
Title/Name	Principal Exec. Of./ Sydney R. Coleman 17180 SE 78th Crowfield Ave			
CEO/ Sydney R. Coleman 17180 SE 78th Crowfield Ave				
			The Villages, FL 32162	The Villages, FL 32162
Title/Name	Title/Name			
Title/Name	Title/Name Title/Name Title/Name			
	SET OF IT			
Title/Name	Title/Name			

ARTICLE VI INITIAL REGISTERED AGENT AN	ID STREET ADDRESS
THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEP	TABLE) OF THE REGISTERED AGENT IS:
Sydney R. Coleman	
17180 SE 78th Crowfield Ave.	
The Villages, FL 32162	
ARTICLE VII INCORPORATOR THE NAME AND ADDRESS OF THE INCORPORATOR IS:	
Sydney R. Coleman	
17180 SE 78th Crowfield Ave.	
The Villages, FL 32162	
*******	************
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEP STATED CORPORATION AT THE PLACE DESIGNATED IN THIS C ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGRE	ERTIFICATE, I AM FAMILIAR WITH AND
And al	12/13/2018
Signature/Registered Agent	Date
Ind be	12/13/2018
Signature/Incorporator	Date

THE DEC 26 PM 4:37
SECRETARY DESIGNEDA
TALL SHASSFELT CORIDA

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