

P190000006S89

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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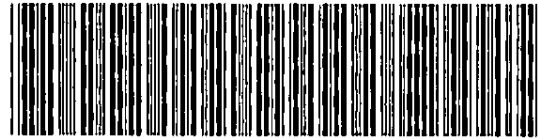
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11421 08

T SCHROEDER

COVER LETTER

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

SUBJECT: LD REEVES & ASSOCIATES, INC.

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

LD REEVES & ASSOCIATES, INC.

Name (printed or typed)

1889 MANZANA AVE

Address

PUNTA GORDA, FL 33950

City, State & Zip

941-575-3555

Daytime Telephone Number

robertv@ldreeves.com

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

CERTIFICATE OF DOMESTICATION

The undersigned, ROBERT VINT, VICE PRESIDENT,
(Name) (Title)

of LD REEVES & ASSOCIATES, INC. F02-4495 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 JANUARY 12, 2000.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was TENNESSEE.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was LD REEVES & ASSOCIATES, 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 LD REEVES & ASSOCIATES, 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 TENNESSEE.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am ROBERT VINT, of LD REEVES & ASSOCIATES, INC.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 3RD day of JANUARY, 2019.

(Authorized Signature)

| Filing Fee: | |
|--|----------|
| Certificate of Domestication | \$ 50.00 |
| Articles of Incorporation and Certified Copy | \$ 78.75 |
| Total to domesticate and file | \$128.75 |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

LD REEVES & ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address

Mailing Address

1889 Manzana Ave.

1889 Manzana Ave.

Punta Gorda, FL 33950

Punta Gorda, FL 33950

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

The Corporation shall engage in any activity or business permitted
under the laws of the United States and of the State of Florida.

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TALLAHASSEE, FLORIDA

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

PD/LORETTA D. REEVES

2144 HARBOUR DR

PUNTA GORDA, FL 33983

Title/Name

VSTD/ROBERT VINT

2144 HARBOUR DR

PUNTA GORDA, FL 33983

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

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CLERK OF DISTRICT COURT
PUNTA GORDA, FL 33983

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

ROBERT VINT

2144 HARBOUR DR

PUNTA GORDA, FL 33950

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

ROBERT VINT

2144 HARBOUR DR

PUNTA GORDA, FL 33950

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

Signature/Incorporator

Date

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CLERK OF DISTRICT COURT
HALL COUNTY, FLORIDA
DP