## P19000064659

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Pflone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

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

	Bailey & Lumb, P.C., P.A.				
SUBJECT:					
Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:					
FEES:					
Certificate	of Domestication \$ 50.00				
	ncorporation and Certified Copy \$ 78.75				
Total to do	nesticate and file \$128.75				
<u>OPTIONAL:</u>					
Certificate	of Status \$ 8.75				
	Name (printed or typed)				
	runne (printed of typed)				
	Address				
•					
	City, State & Zip				
_	Daytime Telephone Number				
	E-mail address: (to be used for future annual report notification)				

## CERTIFICATE OF DOMESTICATION

The undersiance	d. Maria D. Lumb	Shareholder	
	(Name)	(Title)	
Bailey & Lu	ımb, P.C.	a fore	ign corporation,
n accordance w	(Corporation Name) (ith s. 607.1801, Florida Statutes, does hereby of	certify:	
. The date on	which corporation was first formed was	28,	2012
	tion where the above named corporation was for the virginia seing was		
	f the corporation immediately prior to the filing & Lumb, P.C.		
I. The name of	f the corporation, as set forth in its articles of it and 607.0401 with this certificate is	ncorporation, to be file	ed pursuant to
administrati immediately Virginia	tion that constituted the seat, siege social, or proportion of the corporation, or any other equivalent jay before the filing of the Certificate of Domestics Florida articles of incorporation to complete to	urisdiction under application was	icable law.
Maria Lu am	mb Bailey & Lumb, P.C., P.A.  zed to sign this Certificate of Domestication on day of		ion and have don 2019

## ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

HE NAME OF THE CORPORATION SHALL BE:	
Bailey & Lumb, P.C., P.A.	
APTICLE II DRINGIRAL ORDIGE	
ARTICLE II PRINCIPAL OFFICE THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:	
Principal Address	Mailing Address
141 Cliffside Trl, Ponte Vedra, FL 32081	141 Cliffside Trl, Ponte Vedra, FL 32081
-	
ARTICLE III PURPOSE  THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZE	D:
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HE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZE	aw.
HE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZE	aw.

ARTICLE V INITIAL DIRECTORS A. THE NAME(S) AND ADDRESS(ES) AND SPECIFIC T	
Title/Name Robert Gregory Bailey, Shareholder	Title/Name Maria Duffy Lumb, Shareholder
5391 Morgans Point Drive	141 Cliffside Trl, Ponte Vedra, FL 3208
Oxford, MD 21654	
Title/Name	Title/Name
	<u>.                                    </u>
Title/Name	Title/Name
Title/Name	Title/Name

ARTICLE VI	INITIAL REGISTERED AGE	IT AND STREET ADDRESS
THE NAME AND FLO	RIDA STREET ADDRESS (P.O. BOX NOT	ACCEPTABLE) OF THE REGISTERED AGENT IS:
Maria Lumb		
141 Cliffside Trl	······································	
Ponte Vedra, FL 3	32081	
<del></del>		
ARTICLE VII	INCORPORATOR	
THE <u>NAME AND ADDI</u> Maria Lumb	RESS OF THE INCORPORATOR IS:	
141 Cliffside Trl		
Ponte Vedra, FL	32081	
***********	**************************************	**************************************
1		THIS CERTIFICATE, I AM FAMILIAR WITH AND
ACCEPT THE APPOI	NTMENT AS REGISTERED AGENT AN	AGREE TO ACT IN THIS CAPACITY. 8/7/19
Signature/Registere	d Agent	Date
		8/7/19
Signature/Incorpora	ator	Date