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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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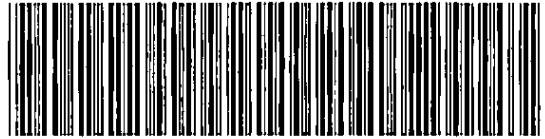
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

D O'KEEFE  
NOV 25 2020

W2-117887



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 13, 2020

BARBARA RUIZ-GONZALEZ  
PO BOX 833059  
MIAMI, FL 33283

SUBJECT: KEITH DUNLAP INSURANCE AGENCY, INC.  
Ref. Number: W20000117887

We have received your document for KEITH DUNLAP INSURANCE AGENCY, INC. and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 420A00020184

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TALLAHASSEE, FLORIDA

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REGULATORY  
DIVISION

## COVER LETTER

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

SUBJECT: KEITH DUNLAP INSURANCE AGENCY, INC.

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	<u>\$ 78.75</u>
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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From: BARBARA RUIZ-GONZALEZ

Name (printed or typed)

PO BOX 833059

Address

MIAMI, FL 33283

City, State & Zip

305-814-4224

Daytime Telephone Number

barbara@ruizgonzalezlaw.com

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

Articles of Domestication  
Foreign Corporation Domesticating to Florida

The undersigned, KEITH DUNLAP PRESIDENT  
(Name) (Title)

of KEITH DUNLAP INSURANCE AGENCY, INC., a foreign  
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of  
Domestication.

1. Then name of the domesticating corporation is KEITH DUNLAP INSURANCE AGENCY, INC.  
(Foreign Corporation)

2. The jurisdiction and date of its formation is PENNSYLVANIA, 11/1/1993

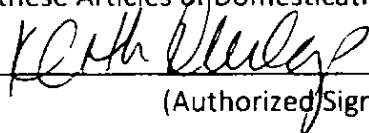
3. The name of the domesticated corporation is KEITH DUNLAP INSURANCE AGENCY, INC.

4. The jurisdiction of formation of the domesticated corporation is **Florida**

5. The domestication corporation is a foreign corporation and the domestication was  
approved in accordance with its organic law.

6. Attached are Florida Articles of Incorporation to complete the domestication  
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.

  
(Authorized Signature)

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

**ARTICLE I    NAME**

THE NAME OF THE CORPORATION SHALL BE:

KEITH DUNLAP INSURANCE AGENCY, INC.

**ARTICLE II    PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address

KEITH DUNLAP

9171 Bay Berry Bend # 103

Fort Myers, FL 33908

Mailing Address

KEITH DUNLAP

11 Cherry Tree Lane

Mifflinburg, Pa 17844

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**ARTICLE III    PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

any legal purpose.

**ARTICLE IV    SHARES**

THE NUMBER OF SHARES OF STOCK IS: 100

**ARTICLE VI    REGISTERED AGENT AND STREET ADDRESS**

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

KEITH DUNLAP

9171 Bay Berry Bend # 103

Fort Myers, FL 33908

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.

Keith Dunlap  
Signature/Registered Agent

9/17/20  
Date

**ARTICLE V DIRECTORS AND/ OR OFFICERS**

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

Name & Title: KEITH DUNLAP, PRESIDENT

Address: 11 Cherry Tree Lane  
Mifflinburg, Pa 17844

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

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Article VI Incorporator  
The name and address of the Incorporator is Barbara Ruiz-Gonzalez  
PO Box 833059, Miami, FL 33283.

I submit this document and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155.F.S.

Keith Dunlap ✓  
Signature/Authorized Person

9/17/00  
Date