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(Requestor's Name)

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(City/State/Zip/Phone #)

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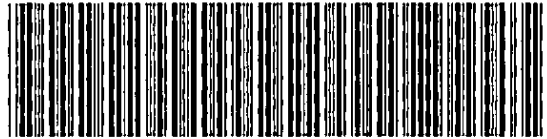
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: LAURIE SELIGMAN ASSOCIATES, 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: ANN MCKENZIE

Name (printed or typed)

4102-A WOODLEIGH ST

Address

HOUSTON TX 77023

City, State & Zip

2813749600

Daytime Telephone Number

lseligman60@gmail.com

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

Plan of Domestication-Laurie Seligman Associates, Inc

This Plan of Domestication is hereby adopted as of the 1st day of January, 2021 by Laurie Seligman Associates, Inc, a Texas corporation.

Whereas Laurie Seligman Associates, Inc., the domesticating entity is a Texas corporation formed March 1, 1994; and

Whereas the director of the domesticating entity desires to domesticate the converting entity to Laurie Seligman Associates, Inc, a Florida corporation, the domesticated entity.

Now therefore, the Director hereby adopts the following:

The Director hereby approves the domestication of Laurie Seligman Associates, Inc., a Texas corporation to Laurie Seligman Associates, Inc, a Florida corporation.

The Director intends that the domesticating entity to continue its existence as a Florida corporation after the domestication.

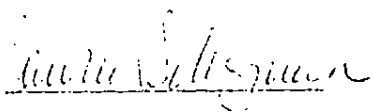
The shareholder's percentage interest in the domesticated entity shall be equal to the percentage interest in the converting entity.

The Florida Certificate of Domestication is attached as Exhibit A.

The Florida Certificate of Formation is attached as Exhibit B.

The domestication shall be effective upon the filing of the Certificate of Domestication with the Secretary of State of Florida.

Agreed:



Laurie Seligman, Director

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Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, LAURIE SELIGMAN, DIRECTOR
(Name) (Title)

of LAURIE SELIGMAN ASSOCIATES, 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 LAURIE SELIGMAN ASSOCIATES, INC.
(Foreign Corporation)

2. The jurisdiction and date of its formation is TEXAS

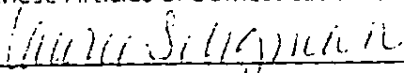
3. The name of the domesticated corporation is LAURIE SELIGMAN ASSOCIATES, INC.

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)

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

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

LAURIE SELIGMAN ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address
7535 PRESERVES CT

Mailing Address
7535 PRESERVES CT

SARASOTA, FL 34243

SARASOTA FL 34243

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

ANY LAWFUL BUSINESS FOR WHICH CORPORATIONS CAN BE ORGANIZED UNDER FLORIDA LAW.

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 100,000

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

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

LAURIE SELIGMAN

7535 PRESERVES CT

SARASOTA, FL 34243

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.

Laurie Seligman
Signature/Registered Agent

1/1/2021
Date

ARTICLE V DIRECTORS AND/ OR OFFICERS

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

Name & Title: LAURIE SELIGMAN, DIRECTOR

Address: 7535 PRESERVES CT.
SARASOTA, FL 34243

Name & Title: LAURIE SELIGMAN, PRESIDENT

Address: 7535 PRESERVES CT
SARASOTA, FL 34243

Name & Title: HAROLD SELIGMAN

Address: 7535 PRESERVES CT.
SARASOTA, FL 34243

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

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.

Laurie Seligman

Signature/Authorized Person

1/1/2021
Date

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