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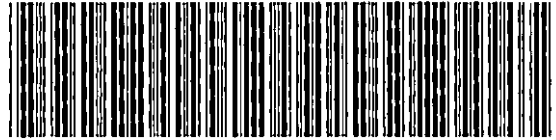
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2021 JAN 27 PM 1:26

2021 JAN 25 AM 10:12

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 01/25/2021

Acc#120160000072

en: c DW

Name:	BORCKE ASSOCIATES, INC.
Document #:	
Order #:	13457569

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Certified Copy of	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

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Document _____
Examiner _____
Updater _____
Verifier _____
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Ref# _____

Amount: \$ 128.75

Thank you!

COVER LETTER

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

SUBJECT: BORCKE 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: Maryann White

Name (printed or typed)

295 GRANDE WAY, APT 1205

Address

NAPLES, FL 34110

City, State & Zip

516-521-5551

Daytime Telephone Number

hubwax@aol.com

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

Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, Maryann White, Secretary
(Name) (Title)

of BORCKE 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 BORCKE ASSOCIATES, INC.
(Foreign Corporation)

2. The jurisdiction and date of its formation is DECEMBER 01, 1952

3. The name of the domesticated corporation is BORCKE 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

Maryann White
(Authorized Signature)

2021 JAN 25 AM 10:12

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

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

1211 Gulf of Mexico Drive #306
Longboat Key, FL 34228

Maryann White
Signature/Registered Agent Maryann White

1/16/21
Date

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

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

BORCKE ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

<p>Principal Address <u>1211 Gulf of Mexico Drive #806</u> <u>Longboat Key, FL 34228</u></p>	<p>Mailing Address <u>1211 Gulf of Mexico Drive #806</u> <u>Longboat Key, FL 34228</u></p>
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ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

RESELLER OF PETROLEUM PRODUCTS

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:

1211 Gulf of Mexico Drive #806
Longboat Key, FL 34228
Maryann White

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.

Maryann White
Signature/Registered Agent Maryann White

1/16/21
Date

ARTICLE V DIRECTORS AND/ OR OFFICERS

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

Name & Title: James P. White, President Name & Title: Maryann White, Secretary
Address: 1211 Gulf of Mexico Drive #326 Address: 295 Grande Way #1205
Longboat Key, FL 34228 Naples, FL 34110

Name & Title: _____

Name & Title: _____

Address: _____

Address: _____

Name & Title: _____

Name & Title: _____

Address: _____

Address: _____

Name & Title: _____

Name & Title: _____

Address: _____

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.

Maryann White
Signature/Authorized Person

1/16/21
Date

2021 JAN 25 AM 10:12