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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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FEB 16 2021

TAMARA VAUGHN, ESQ.

Attorney at Law
2775 NW 49th Avenue
Suite 205 PMB 310
Ocala, Florida 34482
Telephone: (941) 815-8551

January 15, 2021

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

Re: Articles of Domestication: Roth & Roth Insurance Agency, Inc.

To Whom It May Concern:

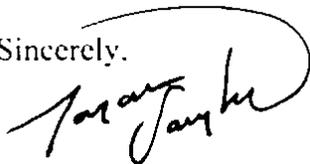
Enclosed please find for filing the original articles of domestication, and one copy, for the above-referenced corporation. Also enclosed is a check in the amount of \$137.50 for the filing fee, certified copy and a certificate of status.

The documents were lost in transit during the holidays and we were unable to file prior to the end of the year. We are requesting an **effective date of December 29, 2020**.

Please return the certified copy and certificate of status to my office in the self-addressed stamped envelope provided.

If you have any questions or comments, please do not hesitate to contact me.

Sincerely,



Tamara Vaughn

COVER LETTER

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

SUBJECT: _____

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 \$ 78.75
Total filing fee \$128.75

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TALLAHASSEE, FLORIDA

OPTIONAL:

Certificate of Status \$ 8.75

From: Tamara Vaughn, Esq.

Name (printed or typed)
2775 N W 49th Avenue Suite 205 PMB 310

Address
Ocala, Florida 34482

City, State & Zip
941 815-8551

Daytime Telephone Number

bonnie@rothinsurance.net
E-mail address: (to be used for future annual report notification)

Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, Connie S. Roth President
(Name) (Title)

of Roth & Roth 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 Roth & Roth Insurance
(Foreign Corporation)
Agency, Inc.

2. The jurisdiction and date of its formation is State of Illinois 10/22/2001

3. The name of the domesticated corporation is Roth & Roth
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.

Connie S. Roth
(Authorized Signature)

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TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Roth & Roth Insurance Agency, Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

3901 Bal Harbor Blvd.

Punta Gorda, Florida 33950

Mailing Address

3901 Bal Harbor Blvd.

Punta Gorda, Florida 33950

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:
any and all lawful business

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 1000

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

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

Connie S. Roth

3901 Bal Harbor Blvd

Punta Gorda, Florida 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.

Connie S. Roth

Signature/Registered Agent

12-23-2020

Date

ARTICLE V DIRECTORS AND/ OR OFFICERS

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

Name & Title: Connie S. Roth, P, D
Address: 3901 Bal Harbor Blvd.
Punta Gorda
FI 33950

Name & Title: Bonnie L. Roth, D
Address: 3901 Bal Harbor Blvd.
Punta Gorda
FI 33950

Name & Title: _____
Address: _____

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TALLAHASSEE, FLORIDA

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.

Connie S. Roth
Signature/Authorized Person

12-23-2020
Date