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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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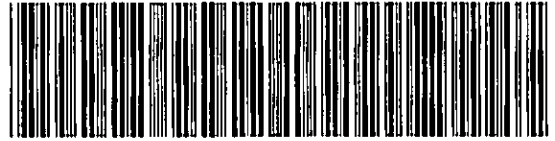
(Business Entity Name)

(Document Number)

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## COVER LETTER

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

SUBJECT: MONIKA SPADLO 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:** MONIKA SPADLO/ MONIKA SPADLO INSURANCE AGENCY, INC.

Name (printed or typed)

1799 NORTH HIGHLAND AVE #188

Address

CLEARWATER, FLORIDA 33755

City, State & Zip

847-507-5709

Daytime Telephone Number

monikaspadlo@gmail.com

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

Articles of Domestication  
Foreign Corporation Domesticating to Florida

The undersigned, MONIKA SPADLO, PRESIDENT  
(Name) (Title)  
of MONIKA SPADLO 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 MONIKA SPADLO  
INSURANCE AGENCY, INC.  
(Foreign Corporation)
2. The jurisdiction and date of its formation is ILLINOIS, MARCH 4, 2009
3. The name of the domesticated corporation is MONIKA SPADLO  
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:

MONIKA SPADLO INSURANCE AGENCY, INC.

**ARTICLE II    PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address

1799 NORTH HIGHLAND AVE #188

CLEARWATER,

FLORIDA 33755

Mailing Address

1799 NORTH HIGHLAND AVE #188

CLEARWATER

FLORIDA 33755

**ARTICLE III    PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:  
ANY LAWFUL PURPOSE

**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:

MONIKA SPADLO

1799 NORTH HIGHLAND AVE #188

CLEARWATER, FLORIDA 33755

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.

  
Signature/Registered Agent

7-18-2021  
Date

**ARTICLE V DIRECTORS AND/ OR OFFICERS**

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

Name & Title: PRESIDENT-MONIKA SPADLO

Address: 1799 NORTH HIGHLAND AVE #188

CLEARWATER

FLORIDA 33755

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

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

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

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

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

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

Name & Title: SECRETARY-MONIKA SPADLO

Address: 1799 NORTH HIGHLAND AVE #188

CLEARWATER

FLORIDA 33755

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

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

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


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

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

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

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**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.**

  
Signature/Authorized Person

7-18-2021  
Date