

P21000087358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

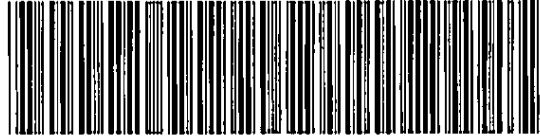
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRET
DIVISION OF REVENUE
22 OCT -4 AM 8:07

J DENNIS

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COVER LETTER

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

SUBJECT: Lakeside Inn Coral House, 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	\$ 78.75
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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From: William Ferguson
Name (printed or typed)
220 Heatherwood Court
Address
Ormond Beach, FL 32174
City, State & Zip
516-456-8010
Daytime Telephone Number
billyferg15@gmail.com
E-mail address: (to be used for future annual report notification)

Dennis K. Bayer

◆
Attorney

Dennis K. Bayer, Esq.
dennis@bayerlegal.com

109 South 6th Street, Suite 200
Flagler Beach, FL 32136
Tel: 386-439-2332
Fax: 386-439-6522

September 29, 2021

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

Original

Re: Articles of Domestication
Company: Lakeside Inn Coral House, Inc.

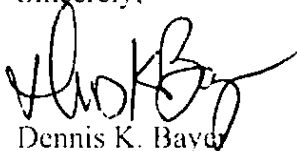
Dear Sirs:

Enclosed, for filing, please find original and one copy of Articles of Domestication – Foreign Corporation Domesticating to Florida and Cover Letter.

Also is our check in the sum of \$ 128.75 which represents your fee for a Certificate of Domestication and Articles of Incorporation and Certified Copy.

If anything further is required, please advise.

Sincerely,


Dennis K. Bayer

DKB/kh

Articles of Domestication
Foreign Corporation Domesticating to Florida

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
22 OCT -4 AM 8:07

The undersigned, William Ferguson, President
(Name) (Title)
of Lakeside Inn, 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 Lakeside Inn, Inc.
(Foreign Corporation)

2. The jurisdiction and date of its formation is New York - 07/18/1945
3. The name of the domesticated corporation is _____
Lakeside Inn Coral House, 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.

William J. Ferguson
(Authorized Signature)

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Lakeside Inn Coral House, Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

220 Heatherwood Court

Mailing Address

220 Heatherwood Court

Ormond Beach, FL 32174

Ormond Beach, FL 32174

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Real Estate Investment and Management

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 200 NO PAR

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

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

William Ferguson

220 Heatherwood Court

Ormond Beach, FL 32174

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

Date

9/24/21

ARTICLE V DIRECTORS AND/OR OFFICERS

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

Name & Title: William Ferguson Name & Title: _____

Address: (President/Dir.) Address: _____

220 Heatherwood Ct.

Ormond Beach, FL 32174

Name & Title: Christine L. Ferguson Name & Title: _____

Address: (V.Pres/Secretary) Address: _____

220 Heatherwood Ct.

Ormond Beach, FL 32174

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.

William Ferguson
Signature/Authorized Person

9/24/21
Date