

P21000103394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

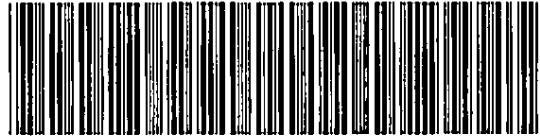
Office Use Only

DEC 13 2021

DEC 13 2021

T. SCOTT

M



000377646930

12/09/21--01014--006 \*\*128.75

DEC 13 2021 6-030 PM

COVER LETTER

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

SUBJECT: Domestication of ESM, Inc., a Rhode Island Corporation

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
-----------------------	---------

**From:**

Scott B. Laurans

Name (printed or typed)

100 Worth Avenue, Winthrop House - 612

Address

Palm Beach, FL 33480

City, State & Zip

(401) 965-3232

Daytime Telephone Number

slaurans@slaurans.com

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

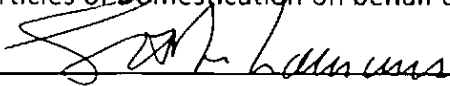
**Articles of Domestication  
Foreign Corporation Domesticating to Florida**

The undersigned, Scott B. Laurans, President  
(Name) (Title)

of ESM, 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 ESM, Inc.  
(Foreign Corporation)
2. The jurisdiction and date of its formation is Rhode Island; 06/20/1988
3. The name of the domesticated corporation is Eastside Marketplace, 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)  
Scott B. Laurans, President

RECEIVED  
DEC -9 AM 10:42

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

**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE:

Eastside Marketplace, Inc.

**ARTICLE II PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address  
100 Worth Avenue

Mailing Address  
100 Worth Avenue

Winthrop House - 612

Winthrop House - 612

Palm Beach, FL 33480

Palm Beach, FL 33480

REC'D DEC-9 AM 10:42

**ARTICLE III PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Bookkeeping Services

**ARTICLE IV SHARES**

THE NUMBER OF SHARES OF STOCK IS: 8,000

**ARTICLE VI REGISTERED AGENT AND STREET ADDRESS**

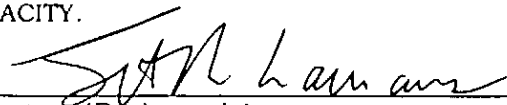
THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Scott B. Laurans

100 Worth Avenue, Winthrop House - 612

Palm Beach, FL 33480

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  
Scott B. Laurans

12/8/21  
Date

**ARTICLE V DIRECTORS AND/ OR OFFICERS**

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

Name & Title: Scott B. Laurans, President

Address: 100 Worth Avenue  
Winthrop House - 612  
Palm Beach, FL 33480

Name & Title: Scott B. Laurans, Secretary

Address: 100 Worth Avenue  
Winthrop House - 612  
Palm Beach, FL 33480

Name & Title: Charles H. Laurans, V.P.

Address: 17 Hawes Street  
Brookline, MA 02446

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

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

Name & Title: Monica Laurans, Vice President

Address: 100 Worth Avenue  
Winthrop House - 612  
Palm Beach, FL 33480

Name & Title: Scott B. Laurans, Treasurer

Address: 100 Worth Avenue  
Winthrop House - 612  
Palm Beach, FL 33480

Name & Title: Maxwell S. Laurans, V.P.

Address: 410 Vineyard Point Road  
Guilford, CT 06437

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.

Scott B. Laurans  
Signature/Authorized Person  
Scott B. Laurans, President

12/8/21  
Date