

P2ZD00022897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

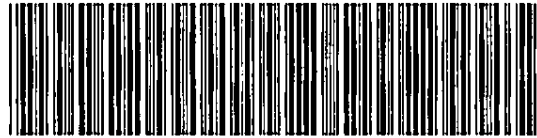
(Business Entity Name)

(Document Number)

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

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COVER LETTER

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

SUBJECT: 1833 Century, 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: Peter Veldkamp

Name (printed or typed)

55 Campau Ave. NW, Suite 300

Address

Grand Rapids, MI 49503

City, State & Zip

(616) 233-5185

Daytime Telephone Number

pveldkamp@rhoadesmckee.com

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

Articles of Domestication  
Foreign Corporation Domesticating to Florida

The undersigned, George N. Cochran, President  
(Name) (Title)  
of 1833 Century, 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 1833 Century, Inc.  
(Foreign Corporation)
2. The jurisdiction and date of its formation is State of Illinois; March 29, 1991
3. The name of the domesticated corporation is 1833 Century, 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:*

1833 Century, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

*THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:*

Principal Address

212 Waterways Avenue

Boca Grande, FL 33921

Mailing Address

PO Box 1339

Boca Grande, FL 33921

**ARTICLE III    PURPOSE**

*THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:*

The Corporation is organized for the purpose of transacting any and all lawful business.

**ARTICLE IV    SHARES**

*THE NUMBER OF SHARES OF STOCK IS:* 1,000 common shares, no par

**ARTICLE VI    REGISTERED AGENT AND STREET ADDRESS**

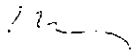
*THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT IS:*

George N. Cochran

212 Waterways Avenue

Boca Grande, FL 33921

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

03/04/2022

\_\_\_\_\_  
Date

**ARTICLE V DIRECTORS AND/ OR OFFICERS**

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

Name & Title: President/George N. Cochran  
Address: PO Box 1339  
Boca Grande, FL 33921

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

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

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

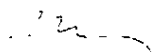
Name & Title: Secretary/Barbara Cochran  
Address: PO Box 1339  
Boca Grande, FL 33921

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

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

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.**

  
\_\_\_\_\_  
Signature/Authorized Person

03/04/2022  
\_\_\_\_\_  
Date