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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

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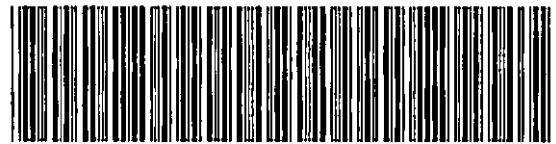
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(Business Entity Name)

\_\_\_\_\_  
(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: CLM SYSTEMS, 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:**

JERRY LAMBERT, PRESIDENT

Name (printed or typed)

14350 10TH STREET

Address

DADE CITY, FL 33523

City, State & Zip

815-347-6038

Daytime Telephone Number

jerry@clmsys.com

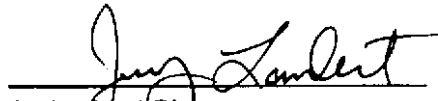
E-mail address: (to be used for future annual report notification)

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

The undersigned, **Jerry Lambert, President of CLM Systems, Inc.**, a foreign corporation, in accordance with §607.11922, Florida Statutes, submits these Articles of Domestication.

1. The name of the domesticating corporation is **CLM Systems, Inc.**
2. The domesticating corporation was formed in the jurisdiction of **Illinois** on **January 24, 2012**.
3. The name of the domesticated corporation is **CLM Systems, 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 §607.0202, Florida Statutes.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.

  
Authorized Signature

3-28-2022  
Date

By: Jerry Lambert, President  
CLM Systems, Inc.

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: CLM SYSTEMS, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

14350 10TH STREET

DADE CITY, FL 33523

Mailing address, if different is:

14350 10TH STREET

DADE CITY, FL 33523

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000 AUTHORIZED

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JERRY LAMBERT, PRESIDENT

Name and Title: CONNIE LAMBERT, SECRETARY

Address: 14350 10TH STREET

Address: 14350 10TH STREET

DADE CITY, FL 33523

DADE CITY, FL 33523

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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

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

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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

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

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: JC LAMBERT LLC

Address: 14350 10TH STREET

DADE CITY, FL 33523

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Jonathon W. Baker, Esq.

Address: 27251 Wesley Chapel Blvd #1044

Wesley Chapel, FL 33544

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL.)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent 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*

★ Jon Lambert  
Required Signature/Registered Agent

★ 3-28-2022  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

Jon Lambert  
Required Signature/Incorporator

Date 4/6/2022

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2022 APR 11 AM 8:47  
STATE OF FLORIDA  
TALLAHASSEE, FL