

P230 0002 4402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

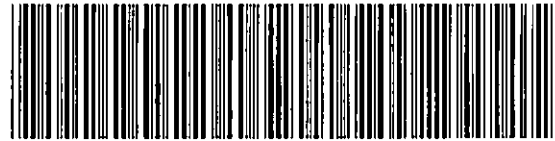
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2023 MAR 10 AM 5:02
ALABAMA

D. O'KEEFE

APR - 3 2023

COVER LETTER

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

SUBJECT: moving business from IL to FL

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: Kelly Niemann

Name (printed or typed)

7320 Province Way, #2105

Address

Naples, FL 34104

City, State & Zip

630-674-4808

Daytime Telephone Number

kniemann@healthmarkets.com

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

Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, Kelly Niemann President
(Name) (Title)

of Kelly Niemann 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 Kelly Niemann
Insurance Agency Inc (Foreign Corporation)
2. The jurisdiction and date of its formation is IL 09/01/2013
3. The name of the domesticated corporation is Kelly Niemann
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.

Kelly Niemann
(Authorized Signature)

2023 MAR 10 AM 5:02
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CLERK OF DISTRICT COURT
NAPLES, FLORIDA

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

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Kelly Niemann Insurance Agency Inc

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

2105
7320 Province Way 7320 Province Way 2105
Naples FL 34104 Naples FL 34104

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

conduct any all lawfull business.

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 1

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

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

Kelly Niemann
7320 Province Way 2105
Naples FL 34104

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.

Kelly Niemann
Signature/Registered Agent

3/6/23
Date

ARTICLE V DIRECTORS AND/ OR OFFICERS

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

Name & Title: Kelly Niemann President Name & Title: _____

Address: 7320 Province Way Address: _____

2105

Naples FL 34104

Name & Title: _____

Name & Title: _____

Address: _____

Address: _____

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.

Kelly Niemann
Signature/Authorized Person

3/6/23
Date