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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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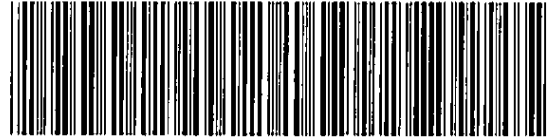
(Business Entity Name)

(Document Number)

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STATE  
TALLAHASSEE, FL  
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COVER LETTER

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

SUBJECT: Articles of Domestication/Articles of Incorporation

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

From: Elliot N. Lewis  
Name (printed or typed)  
2 Candlemaker Court, Unit 104  
Address  
Baltimore MD 21208  
City, State & Zip  
410-960-7244  
Daytime Telephone Number  
ElliotNLewis@Verizon.net  
E-mail address: (to be used for future annual report notification)

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LNHS53 (3/20)

The effective date shall be January 1, 2024

Articles of Domestication  
Foreign Corporation Domesticating to Florida

The undersigned, Elliot N. Lewis President  
(Name) (Title)

of Elliot N. Lewis, P.A. a foreign  
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of  
Domestication.

1. Then name of the domesticating corporation is Elliot N. Lewis, P.A.  
(Foreign Corporation)

2. The jurisdiction and date of its formation is the State of Maryland, 1/21/1983

3. The name of the domesticated corporation is Elliot N. Lewis, P.A.

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.

Elliot N. Lewis  
(Authorized Signature)

The effective date shall be January 1, 2024

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

**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE:

Elliot N. Lewis, P.A.

**ARTICLE II PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

14300 Riva Del Lago Drive

Unit 1002 North

Fort Myers, FL 33907

Mailing Address

14300 Riva Del Lago Drive

Unit 1002 North

Fort Myers, FL 33907

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STATE

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**ARTICLE III PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Provide legal services and to engage in any other lawful purpose and/or business.

**ARTICLE IV SHARES**

THE NUMBER OF SHARES OF STOCK IS: 100

**ARTICLE VI REGISTERED AGENT AND STREET ADDRESS**

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

Elliot N. Lewis

14300 Riva Del Lago Drive, Unit 1002 North

Fort Myers, FL 33907

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.

Elliot N. Lewis  
Signature/Registered Agent

10/18/23  
Date

The effective date shall be January 1, 2024

**ARTICLE V DIRECTORS AND/ OR OFFICERS**

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

Name & Title: Elliot N. Lewis, President, Secretary & Treasurer  
Address: 14300 Riva Del Lago Drive  
Unit 1002 North  
Fort Myers, FL 33907

Name & Title: Elliot N. Lewis, Director  
Address: 14300 Riva Del Lago Drive  
Unit 1002 North  
Fort Myers, FL 33907

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

Name & Title: \_\_\_\_\_  
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Name & Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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MAIL ROOM STATE  
FORT MYERS, FL

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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.

Elliot N. Lewis  
Signature/Authorized Person

10/18/23  
Date