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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

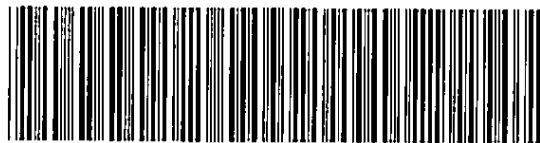
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(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: In Compliance, 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:** Chad D. Cummings, Florida Attorney for In Compliance, Inc.

**Name (printed or typed)**

5150 Tamiami Trail North, Suite 201

**Address**

Naples, FL 34103-2818

**City, State & Zip**

(239) 682-9925

**Daytime Telephone Number**

lklevgard@incomplianceinc.com

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

Articles of Domestication  
Foreign Corporation Domesticating to Florida

The undersigned, Lisa Klevgard President  
(Name) (Title)

of In Compliance, 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 In Compliance, Inc.  
(Foreign Corporation)  
\_\_\_\_\_
2. The jurisdiction and date of its formation is Montana, February 18, 2010
3. The name of the domesticated corporation is In Compliance, 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.

Digitally signed by  
Lisa Klevgard  
(Authorized Signature)

## COVER LETTER

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

**SUBJECT:** In Compliance, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** Chad D. Cummings, Florida Attorney for In Compliance, Inc.

Name (Printed or typed)

5150 Tamiami Trail North, Suite 201

Address

Naples, Florida 34103-2818

City, State & Zip

(239) 682-9925

Daytime Telephone number

lklevgard@incomplianceinc.com

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

**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: In Compliance, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal **street** address

Mailing address, if different is:

10127 S.E. 22nd Court

Webster, FL 33597

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: any lawful purpose.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: Lisa Klevgard, President and Sole Shareholder

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

Address 10127 S.E. 22nd Court

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

Webster, FL 33597

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: Lisa Klevgard  
Address: 10127 S.E. 22nd Court  
Webster, FL 33597

**ARTICLE VII INCORPORATOR**

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

Name: Lisa Klevgard  
Address: 10127 S.E. 22nd Court  
Webster, FL 33597

**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*

Lisa Klevgard 1/30/2024  
203E0F02090E4E3 Required Signature/Registered Agent 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.*

Lisa Klevgard 1/30/2024  
DocuSigned by: Required Signature/Incorporator Date

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: In Compliance, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10127 S.E. 22nd Court

Webster, FL 33597

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any lawful purpose.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lisa Klevgard, President and Sole Shareholder Name and Title:

Address 10127 S.E. 22nd Court Address:

Webster, FL 33597

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: Lisa Klevgard

Address: 10127 S.E. 22nd Court

Webster, FL 33597

**ARTICLE VII INCORPORATOR**

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

Name: Lisa Klevgard

Address: 10127 S.E. 22nd Court

Webster, FL 33597

**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*

Lisa Klevgard

1/30/2024

20300F02390E4E3...

Required Signature/Registered Agent

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.*

DocuSigned by:

Lisa Klevgard

1/30/2024

Required Signature/Incorporator

Date

2/24

1/31