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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

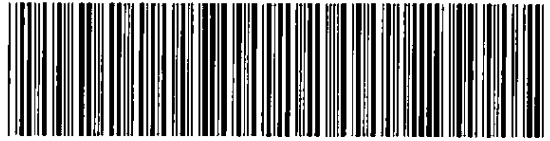
(Business Entity Name)

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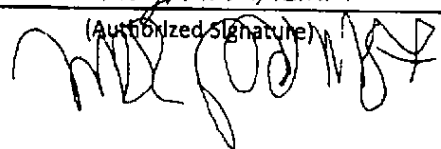
Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, Michael Ohara Kelley President
(Name) (Title)

of MICHAEL KELLEY PHD MFT MARRIAGE & FAMILY THERAPISTS 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 MICHAEL KELLEY PHD MFT
(Foreign Corporation)
MARRIAGE & FAMILY THERAPISTS INC
2. The jurisdiction and date of its formation is California April 17, 2003
3. The name of the domesticated corporation is MICHAEL KELLEY PHD MFT
MARRIAGE & FAMILY THERAPISTS 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.

Michael Kelley, Ph.D., LMFT
(Authorized Signature)


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

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

MICHAEL KELLEY PHD MFT MARRIAGE & FAMILY THERAPISTS INC

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address
39 Meadow Creek Drive
St Johns, Florida 32259-7475

Mailing Address
39 Meadow Creek drive
St Johns, Florida 32259-7475

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Counseling - Marriage and Family Therapy

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 100,000

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

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

Michael Kelley PHD MFT

39 Meadow Creek Drive

St Johns, FL 32259-7475

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.

Michael Kelley, Ph.D., MFT
Signature/Registered Agent

1/10/2024
Date

ARTICLE V DIRECTORS AND/OR OFFICERS

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

Name & Title: Michael Kelley - President

Address: 39 Meadow Creek Drive

St Johns, Florida 32259-7475

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: Colleen Kelley - Treasurer

Address: 39 Meadow Creek Drive

St Johns, Florida 32259-7475

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.

Michael Kelley, Ph.D., LMFT
Signature/Authorized Person

01/10/2024
Date