

P24 000047906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

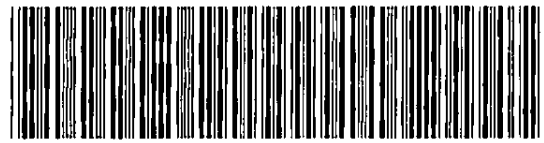
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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MMS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 12, 2024

JOHN OSBORN AND LYNETTE TAPIA  
7118 JENNINGS CT  
THE VILLAGES, FL 34762 US

SUBJECT: TAPIA OSBORN INC.  
Ref. Number: W24000088865

We have received your document for and your check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO  
Regulatory Specialist II  
New Filing Section

Letter Number: 324A00012759

COVER LETTER

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

SUBJECT: Tapia Osborn Inc. Domesticated Foreign Entity

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:** John Osborn and Lynette Tapia  
Name (printed or typed)  
7118 Jennings Ct.  
Address  
The Villages, FL 34762  
City, State & Zip  
(949)922-9015  
Daytime Telephone Number  
johnosborn7290@gmail.com  
E-mail address: (to be used for future annual report notification)

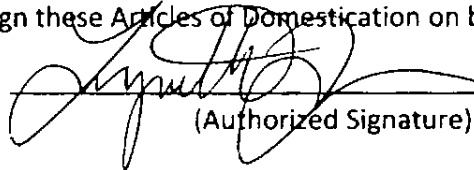
Articles of Domestication  
Foreign Corporation Domesticating to Florida

The undersigned, Lynette Tapia, Vice-President  
(Name) (Title)

of Tapia Osborn 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 Tapia Osborn Inc.  
(Foreign Corporation)
2. The jurisdiction and date of its formation is 5/21/1999 California
3. The name of the domesticated corporation is Tapia Osborn 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.

  
(Authorized Signature)

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

**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE:

Tapia Osborn Inc.

**ARTICLE II PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

7118 Jennings Ct.

7118 Jennings Ct.

The Villages, FL 34762

The Villages, FL 34762

**ARTICLE III PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Entertainment Services

**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:

Lynette Tapia

7118 Jennings Ct.

The Villages, FL 34762

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

Signature/Registered Agent

Date



6/19/24

**ARTICLE V DIRECTORS AND/ OR OFFICERS**

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

Name & Title: John Osborn, President

Name & Title: Lynette Tapia, Vice-President

Address: 7118 Jennings Ct.  
The Villages, FL 34762

Address: 7118 Jennings Ct.  
The Villages, FL 34762

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

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

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

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

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

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

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

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

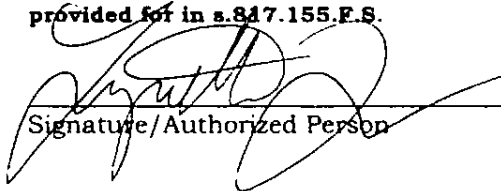
Name & Title: \_\_\_\_\_

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.

  
\_\_\_\_\_  
Signature/Authorized Person

6/19/24  
\_\_\_\_\_  
Date

2024