

# P24000049127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

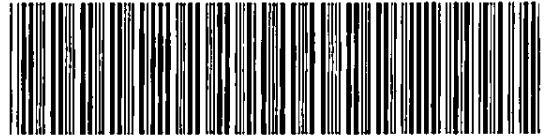
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Articles of Domestication  
Foreign Corporation Domesticating to Florida

The undersigned, Timothy J Sullivan, President  
(Name) (Title)

, Timothy J Sullivan CPA LTD Inc, a foreign  
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of  
Domestication

1. The name of the domesticating corporation is Timothy J Sullivan CPA INC  
(Foreign Corporation)

2. The jurisdiction and date of its formation is Florida 3/10/2023

3. The name of the domesticated corporation is Timothy J Sullivan CPA 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)

2024 03 10 15:19

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

**ARTICLE I    NAME**

*THE NAME OF THE CORPORATION SHALL BE:*

Timothy J Sullivan CPA      Inc

**ARTICLE II    PRINCIPAL OFFICE**

*THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:*

Principal Address  
1808 James L Redman Pkwy #271

Mailing Address  
1808 James L Redman Pkwy #271

Plant City, Florida 33563

Plant City, Florida 33563

**ARTICLE III    PURPOSE**

*THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:*

Profit Corporation

**ARTICLE IV    SHARES**

*THE NUMBER OF SHARES OF STOCK IS:* 100

**ARTICLE VI    REGISTERED AGENT AND STREET ADDRESS**

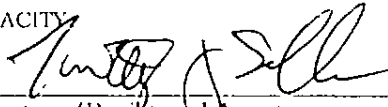
*THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT IS:*

Timothy J Sullivan

1808 James L Redman Pkwy #271

Plant City, Florida 33563

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

7/17/2024  
Date

**ARTICLE V DIRECTORS AND/OR OFFICERS**

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

Name & Title: TIM SULLIVAN - President

Address: 1808 James L Redman Pkwy  
PLANT CITY, FL 33563

Name & Title: TIM SULLIVAN - VP

Address: 1808 JAMES L REDMAN PKWY  
PLANT CITY, FL 33563

Name & Title: TIM SULLIVAN - SEC

Address: 1808 JAMES L REDMAN PKWY  
PLANT CITY, FL 33563

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

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

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

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

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

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

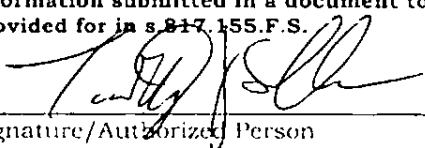
Name & Title: \_\_\_\_\_

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.

  
Signature/Authorized Person

7/17/2024  
Date