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Department of State

P. O. Barr 6227	
P. O. Box 6327	
Tallahassee, FL 32314	Reports of the state of the sta
BRICKELL	500003877875 -03/19/0101128010
BRICKELL	
SUBJECT: Wealth Manag	gement/NC
(PROPOSED CORPORA	zement /NC. TE NAME - MUST INCLUDE SUFFIX)
BRICKELL WEALTH	MANAGEMENT INC
• • •	100000000000000000000000000000000000000
Enclosed is an original and ana(1) are an out of	
Enclosed is an original and one(1) copy of the article	es of incorporation and a check for:
□ \$70.00 ★ \$78.75	
	□ \$78.75 □ \$87.50
Filing Fee Filing Fee & Certificate of Status	Filing Fee Filing Fee,
& Certificate of Status	& Certified Copy Certified Copy
	& Certificate of
	Status ADDITIONAL COPY PROVIDER
	ADDITIONAL COPY REQUIRED
FROM: FRANCESCO Name (Pr	ranca of typea)
6221 VIA VENE	TIA NORTH
DELRAY BEAC	CH, FLORIDA 33484
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20000 - 17/1 - 10-31 - 2000 - 37 - 2000 -	PH 4: 2
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	PH 4: 21 EE FLORIDA
NOTE: Please provide the ori	iginal and one copy of the articles.
	- AV



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 26, 2001

FRANCESCO VACCARELLA 6221 VIA VENETIA NORTH DELRAY BEACH, FL 33484

SUBJECT: BRICKELL WEALTH MANAGEMENT

Ref. Number: W01000006657

We have received your document for BRICKELL WEALTH MANAGEMENT and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6933.

Dale White Document Specialist New Filings Section

Letter Number: 301A00017953

ÄRTICLES OF	INCORPORAT	ION		
In compliance with	Chapter 607 and/or	Chapter 621, F.S. (Prof	īt)	FLED
ARTICLE I	NAME			_
The name of the co	rporation shall be:		·	01 APR -2 PH 4: 2!
	BRICKEL	L WEALTH	MANAGEN	TEN FALLAHASSAF LORIDA
ARTICLE II	PRINCIPAL OFF	<u>ICE</u>		; =
The principal place		y venetia !	NORTH	
	DE DE	euray bea	nuch, Flor	484EE AGI
	PURPOSE thich the corporation is	is organized is:		• • • • • • • • • • • • • • • • • • •
1 1	Professi	*	APHCIAL	SERVICES
ARTICLE IV		F.V.		; · · · · · · · · · · · · · · · · · · ·
The number of sha	res of stock is:	10	00	
ARTICLE V		RS/DIRECTORS (or	otional)	
The name(s) and a	Haddress(es): FR	ANCESCO	VACCAR	ELLA
	6221 Via	a venetia	NORTH	
	DE	LRAY BEA	KH, FC.	33484
ARTICLE VI The name and Flo	REGISTEREI orida street address	O AGENT of the registered agent i	 S:	÷
FRANCES	ico Vacca	RELLA		
622	1 VIA VE	OCTIA NO	RTH DELE	MY BEACH FL. 33484
ARTICLE VII	INCORPORATE dress of the Incorpora	<u>UK</u> ator is:		
FRANCES	co VACCA	RELLA	DELRAY C	BEACH FC. 334DI
6221 Vi	a Jeneti	A NORTH		ي الإنجاز عليه عليه عليه عليه مله مله مله عله عله عله عليه عليه مله عدد المعادرة عليه ما إن والمدود والمراور و
*********	**********	**************************************	e*************************************	******* at the place designated in this
Having been named certificate, I am fami	as registered agent to acciding with and accept the a	ept sprvice of process for in oppointment as registered ag	ent and agree to act in this	s capacity
11			_ <u>M</u>	1Rc1109 01
Signature/Registe	ered Agent		Date	io 9
	MU		MAR	CH U9 OI
- ¿Signāturē/Incorp	orator		240	-

Signature/Incorporator