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(Re	equestor's Name)	when			
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(Cit	ty/State/Zip/Phone	· #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	ısiness Entity Nam	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
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## **COVER LETTER**

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

SUBJECT: Winter & Associates, Inc.					
(PROPOSED CORPORA	TE NAME – MUST INCLUDE SUFFIX)				
Enclosed are an original and one (1) copy of the arti	cles of incorporation and a check for:				
\$70.00 Filing Fee & Certificate of Status	\$78.75  Filing Fee & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED				
	ADDITIONAL COLL REQUIRED				
FROм: Glen E. Winter					
	e (Printed or typed)				
532 Timber Ridge Drive	Address				
Longwood, FL 32779-20 City.	626 State & Zip				
407-415-4420 Daytime T	elephone number				
winter4420@gmail.com E-mail address: (to be use	d for future annual report notification)				

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the corp		nc.			
53	PRINCIPAL OFFICE Principal street address 2 Timber Ridge Drive angwood, FL 32779-2626		Mailing address, if different is:		
To provide fina	PURPOSE ich the corporation is organized is: ancial planning services to individu rvices associated with financial pla	als and inning.	businesses. In a	addition, to also	provide
	s of stock is: 200 shares				
	e:Glen E. Winter, President, Treasuer & Direct 532 Timber Ridge Drive Longwood, FL 32779-2626	tor Name	ess:		
Name and Titl Address:	e:Margaret T. Winter, Secretary & Direct 532 Timber Ridge Drive Longwood, FL 32779-2626	tor Name Addre	ess:		
Name and Titl Address:	e:	Name Addre	ess:		
	REGISTERED AGENT  da street address (P.O. Box NOT acceptable)  Glen E. Winter  532 Timber Ridge Drive  Longwood, FL 32779-2626	_	istered agent is:		11 HAR 14
	INCORPORATOR  ess of the Incorporator is:  Glen E. Winter  532 Timber Ridge Drive  Longwood, FL 32779-2626	_			AM 8: 42
Having been namea this certificate, I am	as registered agent to accept service of proc familigr with and accept the appointment as r	ess for the egistered o	e above stated corporal agent and agree to act i	tion at the place des in this capacity	ignated in
I submit this docum	Required Signature/Registered Agent nent and affirm that the facts stated herein a	re true, I	am aware that the fal	3/9/// Date se information subn	nitted in a
document to the Dep	Required Signature/Incorporator	ony as pro	vided for in s.817.155,	$\frac{3/9/1}{\text{Date}}$	<u>/</u>