

N/4000005808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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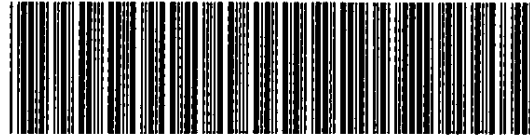
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status ☒

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14 SEP 19 PM 3:56
CLERK OF STATE
TALLAHASSEE, FLORIDA

SEP 22 2014

S. GILBERT

COVER LETTER

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

SUBJECT: Investment Advisers Association of Florida, Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Lance MacKenzie
Name (Printed or typed)

8555 SW 12th Lane
Address

Gainesville, Florida 32607
City, State & Zip

352-331-1100
Daytime Telephone number

lance@eAdvisorCompliance.com
E-mail address: (to be used for future annual report notification)

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

**NOT-FOR-PROFIT ARTICLES OF INCORPORATION
OF
INVESTMENT ADVISERS ASSOCIATION OF FLORIDA, INC.**

The undersigned incorporator(s), for the purpose of forming a not-for-profit corporation under the Florida Not For Profit Corporation Act, Florida Statutes Chapter 617, Hereby adopt(s) the following Articles of Incorporation.

ARTICLE I. The name of the Corporation shall be:

Investment Advisers Association of Florida, Inc.

ARTICLE II. The principal place of business and mailing address of the Corporation shall be:

**8555 SW 12th Lane
Gainesville, Florida 32607**

ARTICLE III. The specific purpose or purposes for which the corporation is organized shall be:

To unite leading professionals from the investment advisory industry and other allied disciplines whose business pursuits include offering investment advise as a registered investment adviser in Florida. Our mission is threefold:

- **ADVOCATE** – Work with the Florida Office of Financial Regulation to offer assistance with the creation and revision of regulations relating to investment advisers.
- **EDUCATE** – To be an exchange of information and resource for member firms to maintain a compliant advisory practice.
- **ETHICS** – Promote standards of ethical business conduct that creates a heightened awareness of the fiduciary duty expected of investment advisers.

ARTICLE IV. The manner in which the Directors are elected or appointed:

The Executive Director shall appoint the initial Directors. Thereafter, Directors shall be elected in accordance to the bylaws of the Corporation.

ARTICLE V. The name and street address of the Corporation's initial Registered Agent:

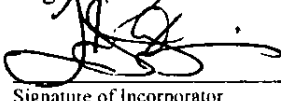
**Lance D. MacKenzie
8555 SW 12th Lane
Gainesville, Florida**

ARTICLE VI. The name and street address of the incorporator of this Corporation:

**Lance D. MacKenzie
8555 SW 12th Lane
Gainesville, Florida**

In witness whereof, the undersigned incorporator has executed these Articles of Incorporation on the date below. The undersigned incorporator hereby declares, under penalty of perjury, that the statements made in the foregoing Articles of Incorporation are true, and that the incorporator is at least eighteen years of age.

9/16/2014


Signature of Incorporator

Lance D. MacKenzie
Printed Name of Incorporator

**CERTIFICATE OF DESIGNATION
OF
REGISTERED OFFICE AND REGISTERED AGENT**

Pursuant to Section 617.0501 of the Florida Not For Profit Corporation Act, the undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office and registered agent, in the State of Florida.

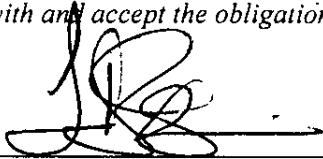
1. The name of the Corporation is:

Investment Adviser Association of Florida, Inc.

2. The name and address of the Corporation's registered agent and registered office is:

**Lance D. MacKenzie
8555 SW 12th Lane
Gainesville, Florida**

Having been named as the registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature of Registered Agent

9/16/2014

Date of Signature

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CLERK OF STATE
TALLAHASSEE, FLORIDA