

N23000001065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

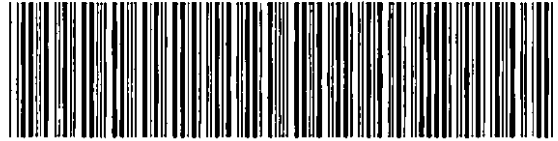
(Document Number)

and Copies _____

Certificates of Status _____

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S. CHATHAM
JAN 31 2023

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SECRETARY OF STATE
TALLAHASSEE, FL

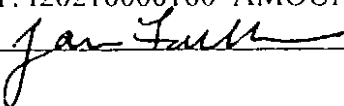
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DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160 AMOUNT: \$78.75

AUTHORIZATION SIGNATURE: 

The Institute of Financial Wellness.org, Inc.

Business Name

Document Number, (if known):

☐ Walk in

☐ Pick up time ☐

☐ Mail out

☐ Will wait ☐ Photocopy

☐ **Certified Copy of the Articles of Organization**

☐ **Certificate of Status**

NEW FILINGS

☐ Profit
☒ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other
☒ **CORP**
☐ **PLLC**

AMMENDMENTS

☐ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Revocation of Dissolution
☐ Merger
☐ Conversion
☐ Amended and restated Articles
☐ Statement of Authority

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name
☐ APOSTIL() ☐
Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement
☐ Other

EXAMINER'S INITIALS:

COVER LETTER

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

SUBJECT: THE INSTITUTE OF FINANCIAL WELLNESS.ORG, 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: JUDY CORVELEYN

Name (Printed or typed)

1801 N. MILITARY TRAIL, SUITE 200

Address

BOCA RATON, FL 33431

City, State & Zip

561-750-3850

Daytime Telephone number

ECOMPLIANCE@COZEN.COM

E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: THE INSTITUTE OF FINANCIAL WELLNESS.ORG, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
33 NURMI DRIVE

FORT LAUDERDALE, FL 33301

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The non-profit corporation is organized and will be operated exclusively for
general charitable, scientific, literacy and educational purposes as set forth in Section 501(c)(3) of the Internal Revenue Code
including, for these purposes, the making of distributions that qualify as exempt organizations under Section 501(c)(3) of the Code.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: through proxy-L

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ERIK C. SUSSMAN, DIRECTOR

Address: 33 NURMI DRIVE
FORT LAUDERDALE, FL 33301

Name and Title: DARREN SUSSMAN

Address: 33 NURMI DRIVE
FORT LAUDERDALE, FL 33301

Name and Title: SCOTT ROSEN

Address: 33 NURMI DRIVE
FORT LAUDERDALE, FL 33301

Name and Title: _____

Address: _____

Name and Title: ERIK C. SUSSMAN, P, S, T

Address: 33 NURMI DRIVE
FORT LAUDERDALE, FL 33301

Name and Title: _____

Address: _____

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TALLAHASSEE, FL

FILED

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: CORPORATION SERVICE COMPANY

Address: 1201 HAYS STREET
TALLAHASSEE, FL 32301

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TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: MICHAEL S. GROSS, ESQ.

Address: 1801 N. MILITARY TRAIL, SUITE 200
BOCA RATON, FL 33431


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent 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




Required Signature of Registered Agent

1/31/23

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.



Required Signature of Incorporator

1/31/23

Date