TRANSMITTAL LETTER

Department of State Division of Corporations

P. O. Box 6327 Tallahassee, FL 32314	
SUBJECT: Florida Instit	TENAME-MUST INCLUDE SUFFIX) Planning, Inc
Final ocad are an original and an (1)	500005139735\$ -03/21/0201059016 *****78.75 ******78.75
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
S70.00 S78.75 Filing Fee & Certificate of Status	□ \$78.75 □ \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: Attene Mame (Printed or typed)
3150 505	AGate Circle
Sara 88 ta	## 342-39 tate & Zip
901 - 36 Daytime Tel	23607 ephone number R
	T CRE IA:

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be: Florida Institute for Divorce I	Planning, Inc
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 3/50 Softa Factorial Care Circle ARTICLE III PURPOSE The purpose for which the corporation is organized is: Financial Plans	
ARTICLE IV SHARES The number of shares of stock is: /OD	T.
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): Arlene Moore, President 3150 South Gate Cer Sarasola D1 34239	FILED 02 MAR 21 PH 12: 55 SECRETARY OF STATE ALLAHASSEE, FLORIDA
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	IDA IDA
ARTICLE VII ENCORPORATOR OTHER MOORE South Cafe Cor ARTICLE VII ENCORPORATOR OTHER MOORES OTHER	
The <u>name and address</u> of the Incorporator is:	•
Arlene Moore 3000 South Gate Cir	

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this	<i>A A</i>
Signature Registered Agent	$\frac{3/12/02}{\text{Date}}$
	3/10/10

Date

Signature/Incorporator