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| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Ci | y/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Name | e) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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| <u> </u> | Office Use Only | |
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95%

TRANSMITTAL LETTER

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

| UBJECT: Rot | thman Financial Services, I | | |
|--------------------|--|-------------------------------------|---|
| | (PROPOSED CORPORA | ATE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| | | | |
| closed are an orig | ginal and one (1) copy of the ar | ticles of incorporation an | d 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 of |
| | | ADDITIONAL CO | Status OPY REQUIRED |
| FROM: | Reuben Rothman | | *************************************** |
| | Nam | e (Printed or typed) | |
| | 256 E. Sheppard St. | | |
| , | | Address | |
| | Altamonte Springs, FL 3 | 2701 | |
| | City | y, State & Zip | |
| | 407-740-5566 | | |
| | Daytime | Telephone number | |

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 NAME

The name of the corporation shall be:

Rothman Financial Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

256 E. SHeppard St. Altamonte Springs, FI 32701

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

financial planning/mortgages

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Reuben Rothman-President 256 E. Sheppard St. Altamonte Springs, FL 32701

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Reuben Rothman 256 E. Sheppard St. Altamonte Springs, FL 32701

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Not your 256 E. Sheppard St.

Reuben Rothman Alfamonte Springs, FL 3)70/

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

Signature/Registered Agent

Signature/Registered Agent

Date

Signature/Incorporator

Revben Rethorian

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