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SECRETARY OF STATE

APPROVED AND FILED

_ 11-17

TRANSMITTAL LETTER

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

SUBJECT:	Retirement Coach, inc.			
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an ori	ginal and one (1) copy of the ar	ticles of incorporation and	l a check for:	
~			—	
\$70.00	\$78.75	\$78.75	□ \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate o	
		ADDITIONAL CO	Status	
		ADDITIONAL CO	I I KEQUIKED	
ED 014	David M. Streit			
FROM:	Name (Printed or typed)			
		(carried and gran)		
	9316 Black Bear Ln			
	Address			
	Winter Garden, FL 34787			
		State & Zip		
	415	A		
	407-716-8270			
	Daytime'	Telephone number		

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





David M. Streit Certified Senior Advisor[©] Registered Representative

(407) 716-8270 (866) 716-8270 Fax: (407) 386-6359 "The Retirement Coach" info@The-Retirement-Coach.com



November 8, 2004

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

RE: Incorporation of "The Retirement Coach, Inc."

Dear Sirs:

Enclosed is my paperwork and check to incorporate my proposed firm, <u>The Retirement Coach</u>, <u>Inc.</u> Please note that I already have a fictitious name registration for "The Retirement Coach".

If there is anything else you need, please contact me directly.

Sincerely

David M. Streit, CSA Registered Representative

Freedom Financial Group, LLC
American United Life
Insurance Company®
3504 Lake Lynda Drive, Suite 165
Orlando, FL 32817
Telephone (407) 208-1999
Fax (407) 208-0998
Toll Free (866) 208-1999

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: The Retirement Coach, Inc.

APPROVEL: AND FILED

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SECRETARY UF STAIL TALL AHASSEE, FI ORID!

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3504 Lake Lynda Dr., Suite 165, Orlando, FL 32817

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide financial advice, investment products and life, health and annuity products

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

David M. Streit, President

ARTICLE VI REGISTERED AGENT

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

David M. Streit 9316 Black Bear Ln Winter Garden, FL 34787

ARTICLE VII INCORPORATOR

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

David M. Streit 9316 Black Bear Ln Winter Garden, FL 34787

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/Incorporator

Date

Date