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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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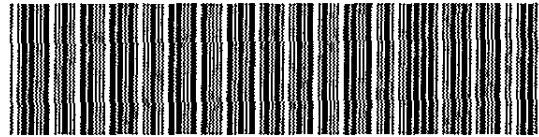
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

8/17/07

## COVER LETTER

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

SUBJECT: THE SURVIVING SPOUSE ASSOCIATION, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: ERIC A. STEIN  
Name (Printed or typed)

2241 QUAIL RIDGE SOUTH  
Address

PALM BEACH GARDENS, FL 33418  
City, State & Zip

(561) 383-3219  
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: The Surviving Spouse Association, Inc.

### **Article II Principal Office**

The principal place of business/mailing address is:

Street Address: 2241 Quail Ridge South  
City, State, Zip: Palm Beach Gardens, FL 33418-3535

### **Article III Purpose**

The purpose for which the corporation is organized is: To provide advice and assistance to widows and widowers.

### **Article IV Shares**

The number of shares of stock is: 100

### **Article V Initial Officers and/or Directors**

<u>Name</u>	<u>Address</u>	<u>Specific Title</u>
Sarah R. Stein	2241 Quail Ridge South Palm Beach Gardens, FL 33418	President

### **Article VI Registered Agent**

The name and Florida Street Address:

Eric A. Stein  
2241 Quail Ridge South  
Palm Beach Gardens, FL 33418

### **Article VII Incorporator**

The name and address of the Incorporator is:

Sarah R. Stein  
2241 Quail Ridge South  
Palm Beach Gardens, FL 33418

.....  
*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

8/15/07  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

8/15/07  
\_\_\_\_\_  
Date

FILED  
07 AUG 17 PM 4:50  
TALLAHASSEE  
SECRETARY OF STATE