

P11000034850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000200352830

04/07/11--01027--018 \*\*78.75

FILED  
11 APR -7 PM 3:46  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

*W 04/05/11*

## COVER LETTER

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

SUBJECT: Financial Management Partners, 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: Betsy Valrose  
Name (Printed or typed)

13135 N. Indian River DR  
Address

Sebastian, FL. 32958  
City, State & Zip

772-589-1050  
Daytime Telephone number

BValrose@Comcast.net  
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 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

*Financial Management Partners, Inc*

## ARTICLE II PRINCIPAL OFFICE

Principal street address

*13135 N. Indian River Dr.  
Sebastian, FL 32958*

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*Financial Coaching, Self help DVD's and Support.*

## ARTICLE IV SHARES

The number of shares of stock is:

*1,000*

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

*Betsy A. Valasek*

Name and Title:

Address:

*13135 N. Indian River Dr.  
Sebastian, FL 32958*

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

## ARTICLE VI REGISTERED AGENT

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

Name:

*Betsy A. Valasek*

Address:

*13135 N. Indian River Dr.  
Sebastian, FL 32958*

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

*Betsy A. Valasek*

Address:

*13135 N. Indian River Dr.  
Sebastian, FL 32958*

FILED  
11 APR -7 PM 3:46  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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

*Betsy A. Valasek*

Required Signature/Registered Agent

*4/6/2011*

Date

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

*Betsy A. Valasek*

Required Signature/Incorporator

*4/6/2011*

Date