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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 11 2011  
7:00 PM

5/11  
8

## COVER LETTER

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

SUBJECT: Elder Law Management Holdings, 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Ronald Jones

Name (Printed or typed)

401 Wood St. 3rd Floor

Address

Pittsburgh, PA 15222

City, State & Zip

412-456-4700

Daytime Telephone number

elderlawmanagement@verizon.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: Elder Law Management Holdings, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
4952 San Pablo Court  
Naples, FL 34109

Mailing address, if different is:

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Provide financial services including, but not limited to, investment advice, tax planning, and estate planning

### **ARTICLE IV SHARES**

The number of shares of stock is: 1,000

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Ronald Jones, President/Chairman  
Address: 4952 San Pablo Court  
Naples, FL 34109

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Philip Deilly, Secretary  
Address: 401 Wood Street, 3rd Floor  
Pittsburgh PA 15222

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Scott Sweeney, Vice-President  
Address: 401 Wood Street, 3rd Floor  
Pittsburgh, PA 15222

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: Ronald Jones  
Address: 4952 San Pablo Court  
Naples FL 34109

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Ronald Jones  
Address: 4952 San Pablo Court  
Naples FL 34109

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

Ronald Jones  
Required Signature/Registered Agent

5-6-11  
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.

Ronald Jones  
Required Signature/Incorporator

5-6-11  
Date

11 MAY 10 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA