## P11000045228

(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

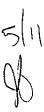


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SECRETARY OF STATE





## **COVER LETTER**

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

SUBJECT: Elder Law Managemer	nt Holdings, Inc	•
(PROPOSED CORPORA	TE NAME – <u>MÜST INCLU</u>	JDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	cles of incorporation and	a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status
	ADDITIONAL CO	PY REQUIRED
FROM: Ronald Jones	(Printed or typed)	
401 Wood St. 3rd Floor		
	Address	
Pittsburgh, PA 15222 City,	State & Zip	
412-456-4700 Daytime T	elephone number	
elderlawmanagement@v E-mail address: (to be used	erizon.net	otification)

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 The name of the co	NAME Elder Law Managemer	nt Holdings, Inc.		
4	PRINCIPAL OFFICE Principal street address 1952 San Pablo Court Iaples, FL 34109	Mailing addi	Mailing address, if different is:	
ARTICLE III The purpose for w Provide finan planning	<b>PURPOSE</b> hich the corporation is organized is:  cial services including, but not limite	d to, investment advice,	, tax planning, and estate	
ARTICLE IV The number of share	SHARES res of stock is:1,000			
	INITIAL OFFICERS AND/OR DIRECTO tle: Ronald Jones, President/Chairman 4952 San Pablo Court Naples, FL 34109	Name and Title:Address:		
Name and Ti Address:	tle:Philip Deily, Secretary 401 Wood Street, 3rd Floor Pittsburgh PA 15222	Address:		
Name and Ti Address:	tle: Scott Sweeney, Vice-President 401 Wood Street, 3rd Floor Pittsburgh, PA 15222	Name and Title:Address:		
	REGISTERED AGENT		E C A	
Name: Address: ARTICLE VII	rida street address (P.O. Box NOT acceptable) of Ronald Jones 4952 San Pablo Court Naples FL 34109  INCORPORATOR Iress of the Incorporator is: Ronald Jones 4952 San Pablo Court	_ ,	Y 10 PM 3: 11  KETHY OF STATE  HASSEE FLORION	
Having been name this certificate, I an	Naples FL 34109  ed as registered agent to accept service of proceen familiar with and accept the appointment as re	ss for the above stated corporal gistered agent and agree to act is	in this capacity	
	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.				
*	Required Signature/Jacography	nef_	5-6-11	