711000082410

(Requestor's Name)	
(Address)	
(Address)	<u></u>
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	
*	

Office Use Only



100212264351

09/19/11--01009--003 **70.00





COVER LETTER

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

SUBJECT: GORMAN WEALTH MANAGE								
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)								
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:								
X \$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED							

Frank T. Gorman		
Name(Printed or typed) 293 Lazy Meadow Drive, West		SEP SEP
Address	— #/ia	
Jacksonville, Florida 32225		19 #
City, State & Zip		<u>a</u>
904-504-5689		<u>ج</u>
Daytime Telephone number		
fgorman@wradvisors.com F-mail address: (to be used for future annual report notification)		
	Name (Printed or typed) 293 Lazy Meadow Drive, West Address Jacksonville, Florida 32225 City, State & Zip 904-504-5689 Daytime Telephone number	Name (Printed or typed) 293 Lazy Meadow Drive, West Address Jacksonville, Florida 32225 City, State & Zip 904-504-5689 Daytime Telephone number fgorman@wradvisors.com

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 N The name of the corpo	AME ration shall be: GORMAN WEALTH	MANAGEMENT,	INC.	
ARTICLE II P	RINCIPAL OFFICE			
2 J	Principal <u>street</u> address 93 Lazy Meadow Drive, We acksonville, Florida 322	st 25 ———	ailing address, if differen	
ARTICLE III PU	RPOSE			
The purpose for whic	h the corporation is organized is: Full Compa		ancial Servic	es
The number of shares	HARES of stock is: 100 shares			
ARTICLE V II	TTIAL OFFICERS AND/OR DIRECTO Frank T. Gorman, Preside	<u>RS</u>		
Name and Title	293 Lazy Meadow Drive,	We. Safatress:		
Addiess.	Jacksonville, FL 32225			
Name and Title		Name and Title:	<u>.</u>	
Address:		_ Address:		
		- -		
Name and Title:		Name and Title:		
Address:				
		-		
ARTICLE VI RI	EGISTERED AGENT	-	Silva.	100
	a street address (P.O. Box NOT acceptable) of	f the registered agent i	s:	壁
Name:	Lisa Jean Gorman			× 70
Address:	293 Lazy Meadow Drive, Jacksonville, FL 32225	west 		
	Jacksonville, FL 32223			9
ARTICLE VII IN	<u>CORPORATOR</u>		5.4	25 M
	s of the Incorporator is: Frank T. Gorman		हरीयो । । विकास विकास विकास विकास	
Name: Address:	293 Lazy Meadow Drive,	West		
Addiess.	Jacksonville, FL 32225			8
Having been named of this certificate, I am fa	is registered agent to accept service of procesumiliar with and accept the appointment as reg	s for the above stated sistered agent and agr	i corporation at the pla ree to act in this capacity	ce designated in
$\mathcal{L}(\mathcal{I})$	aftern dorman		9/8/	1/
79	Required Signature/Registered Agent		D	ate
I submit this documen	- nt and affirm that the facts stated herein are	true. I am aware th	at the false information	submitted in a
document to the Depar	riment of State constitutes a third degree felon	y as provided for in s.	817.155, F.S.	,
460	Man		9/0	/11
- grank of	Required Signature/Incorporator			Date