

P11000109240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

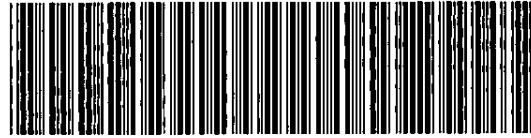
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

CORRECTED THE NUMBER  
OF SHARES OF STOCK PER  
TELEPHONE CONVERSATION  
WITH STUART D. BOXENBAUM.

K 12/30/11

Office Use Only



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12/28/11--01036--006 \*\*78.75

FILED  
11 DEC 28 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 01/02/12

K 12/30/11

## COVER LETTER

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

**SUBJECT:** Identity Theft Solutions Group, 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:** Stuart D. Boxenbaum

Name (Printed or typed)

116 Intracoastal Pointe Drive Suite 200

Address

Jupiter, FL 33477

City, State & Zip

561-744-0500

Daytime Telephone number

noelle@swfgrp.com

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: **Identity Theft Solutions Group, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
116 Intracoastal Pointe Drive  
Suite 200  
Jupiter, FL 33477

Mailing address, if different is:

Same  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Organized for protection of client identity and their financial records.

**ARTICLE IV SHARES**

The number of shares of stock is: **1000**

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

Name and Title: Stuart D. Boxenbaum/President  
Address: 116 Intracoastal Pointe Drive  
Suite 200  
Jupiter, FL 33477

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

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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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: Stuart D. Boxenbaum  
Address: 116 Intracoastal Pointe Drive, Ste 200  
Jupiter, FL 33477

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Stuart D. Boxenbaum  
Address: 116 Intracoastal Pointe Dr. Suite 200  
Jupiter, FL 33477

*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*



Required Signature/Registered Agent

12/21/2011

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.*



Required Signature/Incorporator

12/21/2011

Date

Article VIII Effective Date:

The effective date will be January 2, 2012.

EFFECTIVE DATE 01/02/12

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA