

P/2000025018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

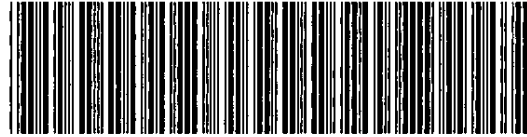
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900223770079

03/12/12--01020--027 **78.75

FILED
12 MAR 12 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 03/14/12

COVER LETTER

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

SUBJECT: Transition Asset Management, 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: James Scanlon

Name (Printed or typed)

540 West Aldine Ave, Suite B

Address

Chicago, Illinois 60657

City, State & Zip

773-244-0550

Daytime Telephone number

j.crane01@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:

Transition Asset Management, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1000 West Ave., #1215
Miami Beach, FL
33139

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

investment ownership and
management

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

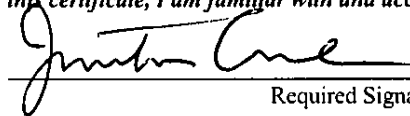
Name: Jonathan Crane
Address: 1000 West Ave., #1215
Miami Beach, FL 33139

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James Scanlon
Address: 540 W. Aldine Ave., Suite B
Chicago, IL 60657

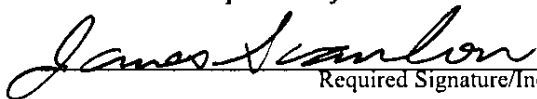
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

3/1/12
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

02/20/2012
Date

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
12 MAR 12 AM 11:07