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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAR 27 PM 4:51

g 3/28/12

## COVER LETTER

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

SUBJECT: Armbruster Capital Management 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: Brian Armbruster

Name (Printed or typed)

5248 cluster oaks ct.

Address

Jacksonville, FL 32258

City, State & Zip

904-292-1776

Daytime Telephone number

brarmbruster@yahoo.com

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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**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: **Armbruster Capital Management Group, Inc.**

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**5248 cluster oaks ct.**  
**Jacksonville, FL 32258**

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Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Private Investments, Currency trading,  
International trade, Commodities,  
Mergers & acquisitions, Marketing  
Land sales, Real Estate, Commercial Development

**ARTICLE IV SHARES**

The number of shares of stock is: **100,000**

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

Name and Title: **Brian Armbruster President, Chief Financial Officer**  
Address:

Name and Title:  
Address:

Name and Title: **Travis Goodale V.P., Chief Marketing Officer**  
Address:

Name and Title:  
Address:

Name and Title:  
Address:

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: **Brian Armbruster**  
Address: **5248 cluster oaks ct.**  
**Jacksonville, FL**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

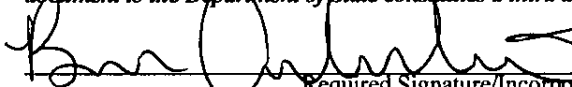
Name: **Brian Armbruster**  
Address: **5248 cluster oaks ct.**  
**Jacksonville, FL**

*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

**3/24/12**  
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

**3/24/12**  
Date