

PI20000048430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

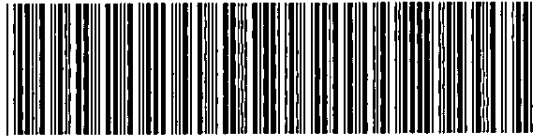
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~W12-2805~~

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: VETERANS RETIREMENT RESOURCES.
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: WILLIAM ROBERT PEARSON
Name (Printed or typed)

300 SOUTH DUNCAN AVE SUITE 190
Address

CLEARWATER FL 33755
City, State & Zip

(727) 542 5960
Daytime Telephone number

bpearso@Tampa Bay, rr.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 21, 2012

WILLIAM ROBERT PEARSON
300 SOUTH DUNCAN AVE SUITE 190
CLEARWATER, FL 33755

SUBJECT: VETERAN'S RETIREMENT RESOURCES CO.
Ref. Number: W12000028051

We have received your document for VETERAN'S RETIREMENT RESOURCES CO. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 312A00014838

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

5/22/2012
W.R.P.

ARTICLE I NAME

The name of the corporation shall be: VETERANS RETIREMENT SOLUTIONS
VETERANS RETIREMENT RESOURCES CO.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

300 SOUTH DUNCAN AVE
SUITE 190

CLEARWATER FL
33755

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THIS CORPORATION IS TO EXIST PERPETUALLY
A PROFESSIONAL CORPORATION

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WILLIAM R. PEARSON Name and Title: _____
Address: 300 SOUTH DUNCAN AVE Address: _____
SUITE 190 CLEARWATER FL 33755

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: WILLIAM R. PEARSON
Address: 300 SOUTH DUNCAN AVE SUITE 190
CLEARWATER FL 33755

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WILLIAM R. PEARSON
Address: 300 SOUTH DUNCAN AVE SUITE 190
CLEARWATER FL 33755

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

William R. Pearson 5/22/2012
Required Signature/Registered Agent Date W.R.P.

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.

William R. Pearson 5/22/2012
Required Signature/Incorporator Date W.R.P.

William R. Pearson 5/22/2012 W.R.P.

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12 MAY 23 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA