

P120000053840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

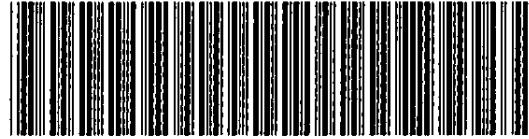
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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Office Use Only



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06/04/12--01037--013 **155.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 14 AM 11:02

am 6/14/12

COVER LETTER

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

SUBJECT: Retirement Wealth Specialists 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: Mitchell Walk
Name (Printed or typed)

407 Wekiva Springs Rd Suite 247
Address

Longwood FL 32779
City, State & Zip

321-356-0163
Daytime Telephone number

mbwalk1@aol.com
E-mail address: (to be used for future annual report notification)

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

TO: Department of State

Davison of Corporations

RE: Retirement Wealth Specialists Inc.

Document number: W1200031100

To whom it may concern:

I recently filed documents for an LLC. The document was rejected for a missing name, however at this time I would like to withdraw that request and file a Florida corporation. The check that was attached to the original application should be applied to this new request. I was informed by an employee at the division to attach the document number that was assigned so the check will get credited to this new filing.

The document number that was assigned is: W1200031100

Please call me with any questions.

Thanks


Mitchell B Walk

321 356 0163

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:

Retirement Wealth Specialists Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

407 Wekiva Springs Road Suite 247

Longwood fl 32779

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Financial services firm

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mitchell B Walk, President

Address: 407 Wekiva springs Road suite 247

Longwood FL 32779

Name and Title: _____

Address: _____

Name and Title: Nancy S Walk sec/tres

Address: 407 Wekiva Springs Road suite 247

Longwood fl 32779

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: Mitchell B Walk

Address: 407 Wekiva Springs road suite 247

longwood FL 32779

ARTICLE VII INCORPORATOR

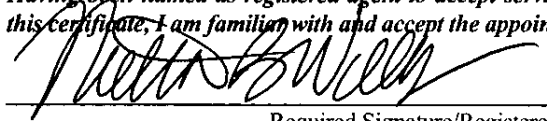
The name and address of the Incorporator is:

Name: Mitchell B Walk

Address: 407 Wekiva Springs road suite 247

Longwood FL 32779

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

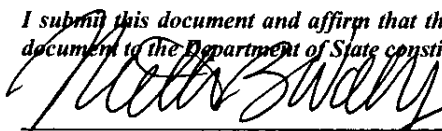


Required Signature/Registered Agent

6/12/2012

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

6/12/2012

Date

12 JUN 14 AM 11:02

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS