

P12000066975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

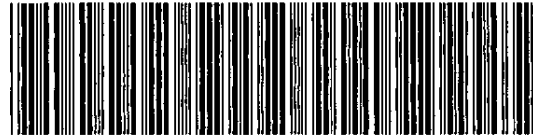
(Business Entity Name)

(Document Number)

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

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FILED  
12 JUL 31 AM 9:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRD  
8/2/12

## COVER LETTER

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

SUBJECT: Financial Planning Concepts of South Florida, Inc.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

### FEES:

|  |                 |
|--|-----------------|
| Certificate of Domestication                 | \$ 50.00        |
| Articles of Incorporation and Certified Copy | <u>\$ 78.75</u> |
| Total to domesticate and file                | \$128.75        |

### OPTIONAL:

|                       |         |
|-----------------------|---------|
| Certificate of Status | \$ 8.75 |
|-----------------------|---------|

Clifford W. Maher  
Name (printed or typed)

2845 NE 9th Street, Apt. #905  
Address

Fort Lauderdale, FL 33304  
City, State & Zip

(954) 295-4156  
Daytime Telephone Number

fpcccliff@bellsouth.net  
E-mail address: (to be used for future annual report notification)

## CERTIFICATE OF DOMESTICATION

The undersigned, Clifford W. Maher, President,  
(Name) (Title)

of Financial Planning Concepts of South Florida, Inc. a foreign corporation,  
(Corporation Name)

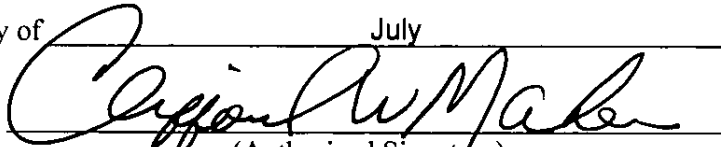
in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was 07/16, 1996.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was New York.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Financial Planning Concepts of South Florida, Inc..
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Planning Concepts, Inc..
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was New York.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President, of Planning Concepts, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done

so this the 27th day of July, 2012.

  
(Authorized Signature)

|  |          |
|--|----------|
| Filing Fee:                                  |          |
| Certificate of Domestication                 | \$ 50.00 |
| Articles of Incorporation and Certified Copy | \$ 78.75 |
| Total to domesticate and file                | \$128.75 |

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**ARTICLES OF INCORPORATION**  
**IN COMPLIANCE WITH CHAPTER 607, F.S.**

**FILED**  
**12 JUL 31 AM 9:43**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**ARTICLE I    NAME**

*THE NAME OF THE CORPORATION SHALL BE:*

Planning Concepts, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

*THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:*

2845 NE 9th Street, #905  
Fort Lauderdale, FL 33304

**ARTICLE III    PURPOSE**

*THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:*

Financial, estate and tax planning for individuals and businesses and to further engage in any lawful act or activity for which corporations may be organized under the laws of the State of Florida and in pursuant to and in compliance with Chapter 607 and/or Chapter 621 F.S.

**ARTICLE IV    SHARES**

*THE NUMBER OF SHARES OF STOCK IS:*

10,000 shares common stock authorized. 500 shares of common stock issued and outstanding.

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

*THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:*

Clifford W. Maher        D/P/S/T  
2845 NE 9th Street, #905  
Fort Lauderdale, FL 33304

**ARTICLE VI    INITIAL REGISTERED AGENT AND STREET ADDRESS**

*THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:*

Clifford W. Maher  
2845 NE 9th Street, #905  
Fort Lauderdale, FL 33304

**ARTICLE VII    INCORPORATOR**

*THE NAME AND ADDRESS OF THE INCORPORATOR IS:*

Clifford W. Maher  
2845 NE 9th Street, #905  
Fort Lauderdale, FL 33304

\*\*\*\*\*

**HAVING BEEN NAMED AS REGISTERED AGENT AND 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.**

  
\_\_\_\_\_  
Signature/ Registered Agent

07/27/2012

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/ Incorporator

07/27/2012

\_\_\_\_\_  
Date