

P130000002356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

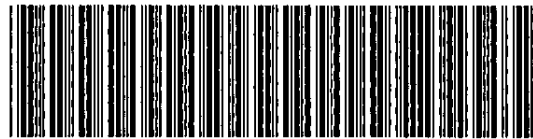
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 JAN -7 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14

COVER LETTER

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

SUBJECT: Advisors Council, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Betty Reinders

Name (Printed or typed)

312 E. Venice Ave. Ste 210

Address

Venice, Florida 34285

City, State & Zip

616.822.4627

Daytime Telephone number

bettyr@faref.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: **Advisors Council, Inc.**

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ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
312 E Venice Ave. Ste 210
Venice, FL 34285

Mailing address, if different is:
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **Provide counseling for individuals wishing to pre plan and arrange their end end of life wishes and any other lawful or legal purpose.**

ARTICLE IV SHARES

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Betty Reinders President**

Address: **103 Captain Kidd Circle
Nokomis, FL 34275**

Name and Title: _____

Address: _____

Name and Title: _____

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: **Betty Reinders**
Address: **103 Captain Kidd Circle
Nokomis, FL 34275**

ARTICLE VII INCORPORATOR

The ~~name and address~~ of the Incorporator is:

Name: **Betty Reinders**
Address: **103 Captain Kidd Circle
Nokomis, FL 34275**

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

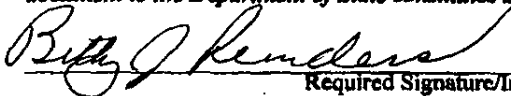


Required Signature/Registered Agent

1-4-13

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

1-4-13

Date