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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

TrueStar Advisors, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JAN 30 PM 1:19

FILED

Handwritten signature and date: 01/31/13

COVER LETTER

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

SUBJECT: TrueStar Advisors, 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: Paul Grant Truesdell

Name (Printed or typed)

200 NW 52nd Avenue

Address

Ocala, FL 34482

City, State & Zip

352-873-4141

Daytime Telephone number

paul.truesdell@truesdell.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. (Profits)

ARTICLE I NAMEThe name of the corporation shall be: TrueStar Advisors, Inc.**ARTICLE II PRINCIPAL OFFICE**

Principal street address

200 NW 52nd AvenueOcala, Florida 34482

Mailing address, if different is:

200 NW 52nd AvenueOcala, Florida 34482**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Registered investment advisor services.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Paul Grant Truesdell, PresidentAddress: 200 NW 52nd AvenueOcala, Florida 34482

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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TALLAHASSEE, FLORIDA

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(cont.)

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: Keifan Kai Truesdell, J.D., LL.M.
Address: 200 N.W. 52nd Avenue
Ocala, Florida 34482

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Paul Grant Truesdell
Address: 200 NW 52nd Avenue
Ocala, Florida 34482

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

Keifan Kai Truesdell
Required Signature/Registered Agent

01/29/2013
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 § 817.155, F.S.

Paul Grant Truesdell
Required Signature/Incorporator

01/29/2013
Date

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TALLAHASSEE, FLORIDA