

# P130002171263

## Electronic Filing Cover Sheet

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## To:

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

## From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

\*\*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**  
**TRUE NORTH FINANCIAL ADVISORS, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

66406

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED  
13 SEP 30 PM 3:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRD 10/1/13

(X)

H13000217126

COVER LETTER

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

SUBJECT: True North Financial 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: Dorothy A Adkins

Name (Printed or typed)

4310 Sheridan St #202

Address

Hollywood FL 33021

City, State & Zip

954 961 1040

Daytime Telephone number

dottyadkinscpa@bellsouth.net

E-mail address: (to be used for future annual report notification)

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

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**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: True North Financial Advisors, Inc.

**FILED**

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

Mailing address, if different is: 13 SEP 30 AM 11:45

6270 107th Place South

Boynton Beach FL 33437

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: General Purpose

**ARTICLE IV SHARES**  
The number of shares of stock is: 1,000

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

Name and Title: Stephen D. Ostrofsky. Pres Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

6270 107th Place South

Boynton Beach, FL 33437

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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(cont.)

FILED

Name and Title: \_\_\_\_\_ Name and Title: 13 SEP 30 AM 11: 45  
Address: \_\_\_\_\_ Address: SECRETARY OF STATE  
\_\_\_\_\_  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Stephen D. Ostrofsky  
Address: 6270 107th Place South  
Boynton Beach FL 33437

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Stephen D. Ostrofsky  
Address: 6270 107th Place South  
Boynton Beach FL 33437

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

X Stephen D. Ostrofsky  
Required Signature Registered Agent

X 9/24/13  
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.817.133, F.S.

X Stephen D. Ostrofsky  
Required Signature Incorporator

X 9/24/13  
Date

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