

**Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****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
IPD ADMINISTRATION, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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SECRETARY OF STATE
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13 OCT 15 AM 11:50

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: IPD Administration, 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: Bennett H. Speyer

Name (Printed or typed)

1000 Jackson Street

Address

Toledo, Ohio 43604

City, State & Zip

419-321-1456

Daytime Telephone number

bspeyer@slk-law.com

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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10/15/2013 11:05:08 From: To: 8506176381

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DIVISION OF CORPORATIONS

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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: IPD Administration, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2712 Gulf Drive

Holmes Beach, FL 34217

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Record-keeping and administrative services for employee benefit plans, and any other lawful purpose.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joseph L. Carlton, President

Name and Title: _____

Address 2712 Gulf Drive

Address: _____

Holmes Beach, FL 34217

Name and Title: Carl Carlton, VP & Treasurer

Name and Title: _____

Address 106 28th Street NW

Address: _____

Bradenton, FL 34205

Name and Title: Richard A. Colon, VP & Secretary

Name and Title: _____

Address 7204 19th Avenue NW

Address: _____

Bradenton, FL 34205

(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: C T Corporation System
Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Bennett H. Speyer
Address: 1000 Jackson Street
Toledo, Ohio 43604

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

By: Connie Bryan 10/15/2013
Required Signature/Registered Agent 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.

[Signature] 10-15-2013
Required Signature/Incorporator Date

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