

P/3 u u 89374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

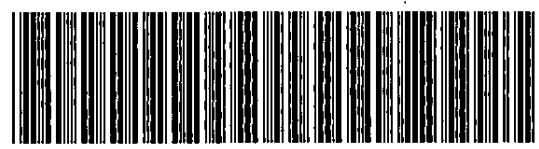
(Business Entity Name)

(Document Number)

Certified Copies Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



600253138796

10/30/13--01018--015 **78.75

1444
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 OCT 30 AM 11:54

82
10/31/13

COVER LETTER

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

SUBJECT: Estate Planning & Elder Law Center of Florida, 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: Robin M. Petersen, Esquire

Name (Printed or typed)

321 Sixth Avenue

Address

Indialantic, FL 32903

City, State & Zip

321-729-0087

Daytime Telephone number

Eldercarelaw@aol.com

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 OCT 30 AM 11:54

ARTICLE I NAME

The name of the corporation shall be: Estate Planning & Elder Law Center of Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

321 Sixth Avenue

Indialantic, FL 32903

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES 100

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robin M. Petersen, Esquire

Name and Title: President

Address

321 Sixth Avenue

Address:

Indialantic, FL 32903

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

(conti.)

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:

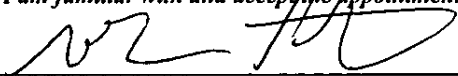
Name: Robin M. Petersen, Esquire
Address: 321 Sixth Avenue
Indialantic, FL 32903

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

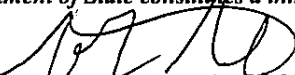
Name: Robin M. Petersen, Esquire
Address: 321 Sixth Avenue
Indialantic, FL 32903

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

10/21/13
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

10/25/13
Date