

PI300089374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

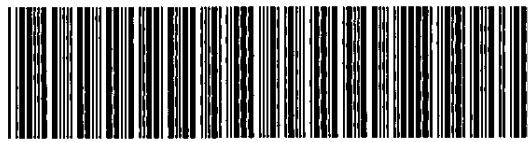
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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

13 OCT 30 AM 11:54  
RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

8/3/13  
P

## 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      & Certificate of  
                    Status      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)

12 OCT 30 1991:54  
DIVISION OF CORPORATIONS  
SECRETARIAL STATE

**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**

The number of shares of stock is: 100

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

Name and Title: Robin M. Petersen, Esquire *President* Name and Title: \_\_\_\_\_

Address: 321 Sixth Avenue Address: \_\_\_\_\_  
Indialantic, FL 32903 \_\_\_\_\_

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

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

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

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

(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:

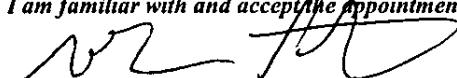
Name: Robin M. Petersen, Esquire  
Address: 321 Sixth Avenue  
Indialantic, FL 32903

**ARTICLE VII INCORPORATOR**

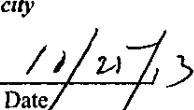
The name and address of the Incorporator is:

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*

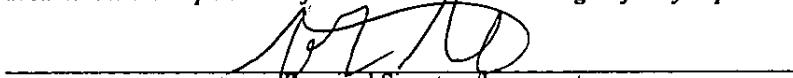


Required Signature/Registered Agent

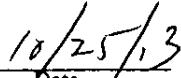


10/21/13  
Date

*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