

P13000093932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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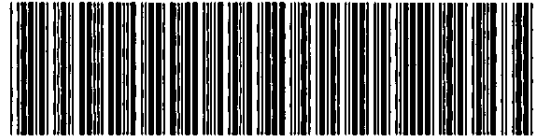
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2013 NOV 18 PM 2:38

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## COVER LETTER

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

SUBJECT: Greenwich Pension Consultants 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: Alfred M. Abate

Name (Printed or typed)

2044 Windward Drive

Address

Fort Pierce, FL 34949

City, State & Zip

203-869-0200

Daytime Telephone number

amagpc@cs.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)

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**ARTICLE I NAME**

The name of the corporation shall be: Greenwich Pension Consultants Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2044 Windward Drive

Fort Pierce, FL 34949

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To perform any act legally permissible for corporations  
under the laws of the State of Florida, including but not limited to all such acts and powers enumerated  
in Attachment "A" which is annexed hereto.

ARTICLE III (a) The effective date of the corporation shall be January 1, 2014.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

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DIVISION OF CORPORATIONS

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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:

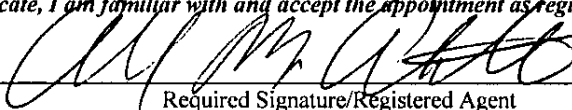
Name: Alfred M. Abate  
Address: 2044 Windward Drive  
Fort Pierce, FL 34949

**ARTICLE VII INCORPORATOR**

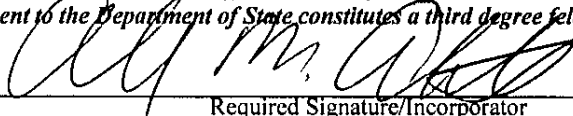
The name and address of the Incorporator is:

Name: Alfred M. Abate  
Address: 2044 Windward Drive  
Fort Pierce, FL 34949

*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*

 11/12/13  
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.*

 11/12/13  
Required Signature/Incorporator Date

#### ATTACHMENT "A"

To offer to corporations, partnerships, unincorporated associations, sole proprietors, self-employed individuals, and various other forms of organizations, including state and municipal governments, a general consulting, actuarial and administrative service relating to the design, establishment, approval, administration, trusteeship or agency, investment and communication of pension plans, profit sharing plans, thrift plans, stock bonus plans, executive compensation plans and other forms of employee benefit plans, which may be self-administered or uninsured, funding partially or in whole by insurance, or funded by any other method of funding, provided, however, that the Corporation itself will not act as trustee to such plans. To engage in the general business of selling insurance, including life insurance, accident and health insurance, group insurance of all types and casualty insurance, either as a direct agent of one or more insurance companies or as broker under contract with any other agency or insurance company; and in this connection, to solicit applications for such insurance, to approve applications on behalf of companies when authorized so to do, to collect premiums on behalf of insurance companies and to generally service policies of insurance whether written by the Corporation as agent, broker or otherwise. To do any other act or perform any other service in connection with accomplishing any of the above powers, so long as permissible under the laws of the State of Florida.

To offer to any of the aforementioned entities any and all types of business services, including, but not limited to, sales and servicing of all types of computer hardware and computer software. To do any other act or perform any other service in connection with accomplishing any of the above business services, so long as permissible under the laws and statutes of the State of Florida.

Except as may otherwise be specifically provided in this Certificate, no provision of this Certificate is intended by the Corporation to be construed as limiting, prohibiting, denying or abrogating any of the general or specific powers or rights conferred under the laws of Florida, (the "Act") upon the Corporation, upon its shareholders, bondholders and security holders, and upon its directors, officers and other corporate personnel, including in particular, the power of the Corporation to furnish indemnification to any person or persons in the capacities defined and prescribed by the Act, and the defined and prescribed rights of said person or persons to indemnification as the same are conferred by the Act.