

P/4000000423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

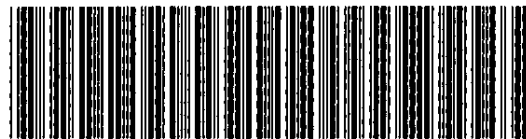
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700254769317

12/30/13--01030--018 \*\*78.75

FILED  
13 DEC 30 AM 10:25  
TALLAHASSEE, FLORIDA

*R* 01/03/14

EFFECTIVE DATE 12/23/13

## COVER LETTER

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

SUBJECT: Prestige Wealth Management, 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: Charles A Blossom

Name (Printed or typed)

19696 Casa Verde Way

Address

Fort Myers, FL 33967

City, State & Zip

612-868-1047

Daytime Telephone number

cblossom@prestigewm.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)

**ARTICLE I NAME**

The name of the corporation shall be: Prestige Wealth Management, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

19696 Casa Verde Way

Fort Myers, FL 33967

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Financial Planning and Wealth Management

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000,000

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

Name and Title: Charles A. Blossom CEO & President

Name and Title: Judith E Kashmark Blossom CFO & Secretary

Address 19696 Casa Verde Way  
Fort Myers, FL 33967

Address: 19696 Casa Verde Way  
Fort Myers, FL 33967

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

EFFECTIVE DATE 12/23/13

(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:

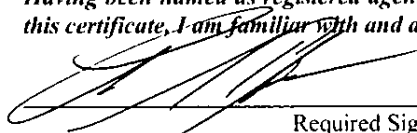
Name: Charles A Blossom  
Address: 19696 Casa Verde Way  
Fort Myers, FL 33967

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:


Name: Charles A Blossom  
Address: 19696 Casa Verde Way  
Fort Myers, FL 33967

*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

12/23/2013  
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

12/23/2013  
Date

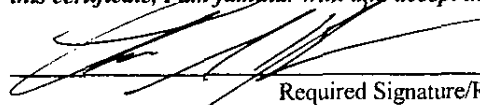
EFFECTIVE DATE 12/23/13

12/23/2013

Article VIII Date of Incorporation

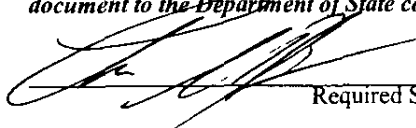
The date of Incorporation is 12/23/2013

*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

12/23/2013  
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

12/23/2013  
Date

13 DEC 30 AM 10:25  
STATE  
TALLAHASSEE FLORIDA

EFFECTIVE DATE 12/23/13