

06/04/2014 11:26

(FAX)

P.002/005

Division of Corporations

<https://www.sos.state.fl.us/scripts/efilcovr.e>

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6381

9149002

From:

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

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE
6/2/14

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
T A WEALTH MANAGEMENT, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUN - 4 AM 8:00
6/5/14

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COVER LETTER

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

SUBJECT: T A 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: Thomas L. Agostinelli

Name (Printed or typed)

PO Box 966

Address

Venice, FL 34284

City, State & Zip

855-866-8296

Daytime Telephone number

tomagomd@yahoo.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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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: T A Wealth Management, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

19231 Jallisa StreetVenice, FL 34293

Mailing address, if different is:

PO Box 966Venice, FL 34284**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Provide Financial Services to individuals and companies.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Thomas L. Agostinelli, PresidentAddress: 19231 Jallisa StreetVenice, FL 34293Name and Title: Thomas L. Agostinelli, Sole DirectorAddress: 19231 Jallisa StreetVenice, FL 34293

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUN - 11 AM 8:00

H14000128137 3
(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: NRAI Services, Inc.
Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Thomas L. Agostinelli
Address: 19231 Jellisa Street
Venice, FL 34293

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: _____

NRAI Services, Inc.

Required Signature/Registered Agent

6/2/2014

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.817.133, F.S.

Thomas L. Agostinelli
Required Signature/Incorporator

Thomas Agostinelli

May 30, 2014

Date