

P140000DS3015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

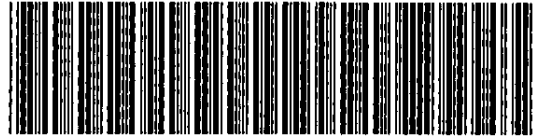
(Document Number)

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SECRETARY OF REVENUE  
DIVISION OF CORPORATE TAXES  
JUN 17 PM 3:43



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 3, 2014

RAYMOND F. RODRIGUES  
10761 SW 172 STREET  
MIAMI, FL 33157

SUBJECT: RODRIGUES, STEINEM, & ASSOCIATES SECURITY PLANNING  
INC.

Ref. Number: W14000034484

We have received your document for RODRIGUES, STEINEM, & ASSOCIATES SECURITY PLANNING INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://www.sunbiz.org/titledef.html>.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 914A00011954

RECEIVED  
14 JUN 17 AM 11:20  
SEVEN CITY PLACE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** Rodrigues, Steinem, & Associates Security Planning 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:** Raymond F. Rodrigues

Name (Printed or typed)

10761 SW 172 Street

Address

Miami, FL 33157

City, State & Zip

818-915-9956

Daytime Telephone number

raymondmtg@gmail.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: Rodrigues, Steinem and Associates Security Planning Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

10761 SW 172 Street

Miami, FL 33157

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Financial Consulting as it pertains to mortgage financing, life, health and annuities.

**ARTICLE IV SHARES**

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

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

Name and Title: Raymond F. Rodrigues, CDCEO

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

Address: 10761 SW 172 Street

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

Miami, FL 33157

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

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

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

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

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

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

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

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

102 JUN 17 PM 3:43

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

(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: Armando Marquez

Address: 14760 SW170 Terrace

Miami, FL 33187

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Raymond F. Rodrigues

Address: 10761 SW 172 Street

Miami, FL 33157

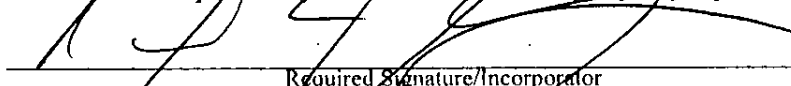
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

5/27/2014

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.817.155, F.S.*

  
\_\_\_\_\_  
Required Signature/Incorporator

5/27/2014

Date

JUN 17 PM 3:43

STATE OF FLORIDA  
DIVISION OF CORPORATIONS