

PIA 000101546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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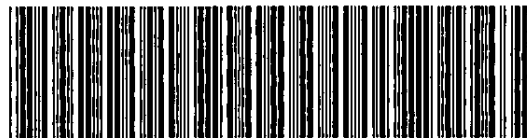
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

und 12/23

COVER LETTER

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

SUBJECT: **Strategic Weath FL, 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: **Kim M Tricas**

Name (Printed or typed)

6095 Silver King Blvd

Address

Cape Coral FL 33914

City, State & Zip

651-248-8964

Daytime Telephone number

kmtricas@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)

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CLERK OF THE
CITY OF
CAPE CORAL

ARTICLE I NAME
The name of the corporation shall be: Strategic Wealth FL Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address

6095 Silver King Blvd
Cape Coral FL 33914

Mailing address, if different is:

DGates for Kim Tricas
1227 Del Prado Blvd S #101
Cape Coral FL 33990

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Consulting Company for Planning & Advice

Request Effective Date of January 1, 2015

ARTICLE IV SHARES
The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Kim M Tricas</u>	Name and Title:	_____
Address	<u>6095 Silver King Blvd</u>	Address:	_____
	<u>Cape Coral FL 33914</u>		_____

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: Kim M Tricas
Address: 6095 Silver King Blvd
Cape Coral FL 33914

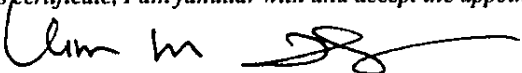
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ARTICLE VII INCORPORATOR

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

Name: Kim M Tricas
Address: 6095 Silver King Blvd
Cape Coral FL 33914

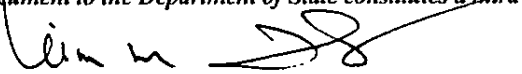
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

12.15.2014

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

12.15.2014

Date