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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 JUL 14 AM 11:24

2 22 15

BERMAN FINK VAN HORN P.C.

Brigid C. Douglass
bdouglass@bfvlaw.com

July 13, 2015

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

VIA FEDERAL EXPRESS

**Re: New Filing - For-Profit Corporation – Slater Wealth Management, Inc.
Our File No.: 5440-1**

Dear Sir/Madam:

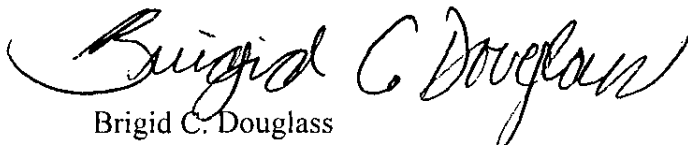
Enclosed please find the Articles of Incorporation and one copy of same for new domestic for-profit corporation, Slater Wealth Management, Inc, as well as a check in the amount of \$78.75.

Once filed, please send us a certified copy of the filing in the enclosed postage prepaid envelope.

Should there be any questions or anything further required, please do not hesitate to contact me. Thank you!

Very truly yours,

BERMAN FINK VAN HORN P.C.



Brigid C. Douglass
Legal Assistant to Jeffrey N. Berman, Esq.,
Thomas E. Sowers, Esq., Dylan E. Donley,
Esq.

:bcd
Enclosures
706343

COVER LETTER

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

SUBJECT: Slater 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Dylan E. Donley, Esq.

Name (Printed or typed)

3475 Piedmont Rd., NE, Suite 1100

Address

Atlanta, GA 30305

City, State & Zip

(404) 261-7711

Daytime Telephone number

ddonley@bfvlaw.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: Slater Wealth Management, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4440 PGA Boulevard, 6th Floor

Palm Beach Gardens, FL 33410

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide financial advice, services, and portfolio management to individuals and small businesses.

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jon Slater, President

Address: 4440 PGA Boulevard, 6th Floor
Palm Beach Gardens, FL 33410

Name and Title: Jon Slater, CEO

Address: 4440 PGA Boulevard, 6th Floor
Palm Beach Gardens, FL 33410

Name and Title: Jon Slater, Treasurer

Address: 4440 PGA Boulevard, 6th Floor
Palm Beach Gardens, FL 33410

Name and Title: Jon Slater, Director

Address: 4440 PGA Boulevard, 6th Floor
Palm Beach Gardens, FL 33410

Name and Title:

Address:

Name and Title:

Address:

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 JUL 14 AM 11:24

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: Jon Slater
Address: 4440 PGA Boulevard, 6th Floor
Palm Beach Gardens, FL 33410

ARTICLE VII INCORPORATOR

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

Name: Dylan E. Donley, Esq.
Address: 3475 Piedmont Rd., NE, Suite 1100
Atlanta, GA 30305

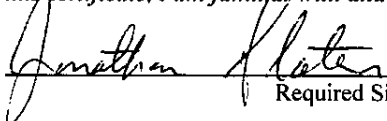
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

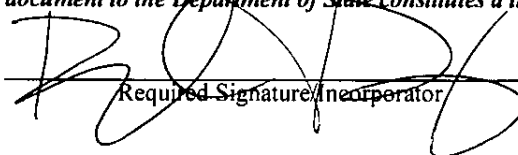
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

7-9-2015
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

7-13-2015
Date