

P150000061223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

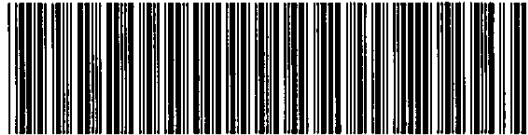
(Document Number)

Certified Copies _____

Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



800274982138

07/15/15--01019--013 **78.75

EFFECTIVE DATE

7-10-15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 JUL 15 AM 9:19

FILED

JUL 23 2015

COVER LETTER

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

SUBJECT: Eastern Municipal Pensions & Benefits, 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: Frank Arnall

Name (Printed or typed)

5743 Rocking Horse Road

Address

Orlando, FL 32817

City, State & Zip

407-718-7351

Daytime Telephone number

jimignecco1943@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)

EFFECTIVE DATE

7-10-15

ARTICLE I NAME

The name of the corporation shall be: Eastern Municipal Pensions & Benefits, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5743 Rocking Horse Road

Orlando, FL 32817

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any legal activity that may improve the cost, compliance, and funding outcomes for governmental or government related employee benefits.

FILED
2015 JUL 15 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James E. Gnecco, President, Director

Name and Title: _____

Address 30 Sunset Court

Address: _____

Cranberry Township, PA16066

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Frank Arnall
Address: 5743 Rocking Horse Road
Orlando, FL 32817

ARTICLE VII INCORPORATOR

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

Name: Frank Arnall
Address: 5743 Rocking Horse Road
Orlando, FL 32817

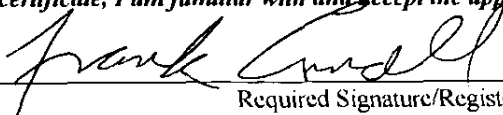
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: July 10, 2015 (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

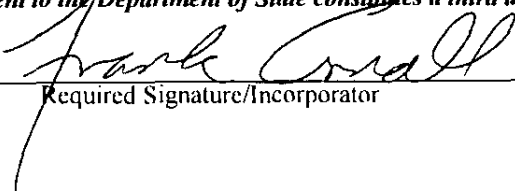


Required Signature/Registered Agent

July 10, 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

July 10, 2015

Date