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(Requestor's Name)				
(Address)				
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PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

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

SUBJECT: FFTG	Asset Management, Inc.		
30B0EC1	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the ar	ticles of incorporation and	l 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 o Status
		ADDITIONAL CO	PY REQUIRED
FROM: Fe	rne Kornfeld Nam	e (Printed or typed)	
92:	5 S. Federal Highway, Suite 150		
		Address	
Bo	oca Raton, FL 33432		
	City.	, State & Zip	
56	1-367-3618		
	Daytime 1	Telephone number	
fko	omfeld@fftaxgroup.us		
,	E-mail address: (to be use	ed for future annual report r	otification)

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)

<u> PRII PRII</u>	NCIPAL OFFICE Principal street address	Mailing address,	if different is:
5 S. Federal Highv	way, Suite 150		
oca Raton, FL 3343	32		
RTICLE III PUR e purpose for which	POSE h the corporation is organized is:		
	o provide investment advisory services		
			SEC

		,	P 000 A
e number of shares			PH 4: 14
e number of shares	of stock is: TIAL OFFICERS AND/OR DIRECTOR		TE GRIGHS
e number of shares	of stock is: **TIAL OFFICERS AND/OR DIRECTOR** itle: Ferne Kornfeld - President	<u>S</u>	
e number of shares	of stock is: FIAL OFFICERS AND/OR DIRECTOR Ferne Kornfeld - President	Name and Title:	
e number of shares TICLE V INIT Name and Ti	of stock is: **TIAL OFFICERS AND/OR DIRECTOR** itle: Ferne Kornfeld - President	Name and Title:	
e number of shares TICLE V INIT Name and Ti	of stock is: FIAL OFFICERS AND/OR DIRECTOR itle: Ferme Kornfeld - President 925 S. Federal Highway	Name and Title:	
e number of shares of the restriction of the share and Time and Time Address	of stock is: FIAL OFFICERS AND/OR DIRECTOR itle: 925 S. Federal Highway Suite 150 Boca Raton, FL 33432	Name and Title:	
e number of shares of the restriction of the share and Time and Time Address	of stock is: FIAL OFFICERS AND/OR DIRECTOR itle: 925 S. Federal Highway Suite 150 Boca Raton, FL 33432	Name and Title: Address:	
e number of shares of the shares of the share and Time an	of stock is: FIAL OFFICERS AND/OR DIRECTOR itle: Ferme Kornfeld - President 925 S. Federal Highway Suite 150 Boca Raton, FL 33432 tle:	Name and Title: Address:	
Name and Tit Address Name and Tit Address	of stock is: FIAL OFFICERS AND/OR DIRECTOR itle: Ferne Kornfeld - President 925 S. Federal Highway Suite 150 Boca Raton, FL 33432	Name and Title:Address:Name and Title:Address:	
Name and Tit Address Name and Tit Address	of stock is: FIAL OFFICERS AND/OR DIRECTOR itle: Ferne Kornfeld - President 925 S. Federal Highway Suite 150 Boca Raton, FL 33432	Name and Title: Address: Name and Title: Address: Name and Title:	

Name a	and Title:	Name and Title:	
Addres	ss	Address:	***************************************
ARTICLE VI	_REGISTERED AGENT		
	Florida street address (P.O. Box NOT acceptable) of the registered agent is:	
Name:	Ferne Kornfeld	<u> </u>	
Address:	925 S. Federal Highway, Suite 150		•
	Boca Raton, FL 33432		
			SE JIVIS
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		N Sign
The <u>name and s</u>	address of the Incorporator is:		- 9.35 - 9.35 - 9.35
Name:	Ferne Kornfeld		2 20 20 20 20 20 20 20 20 20 20 20 20 20
Address:	925 S. Federal Highway, Suite 150		F RATI
	Boca Raton, FL 33432	<u> </u>	E ON
Effective date, i	date is listed, the date must be specific and car	(OPTIONAL) nnot be more than five business days	prior or 90 business
	te inserted in this block does not meet the applical effective date on the Department of State's record		ate will not be listed as
Having been no this certificate,	amed as registered agent to accept service of proc I am familiar with and accept the appointment as	ess for the above stated corporation at registered agent and agree to act in thi	the place designated in scapacity
	Required Signature/Registered Agent		Date
I submit this do document to the	ocument and affirm that the facts stated herein a e Department of State constitutes a third degree fe	re true. I am aware that the false info lony as provided for in s.817.155, F.S.	ormation submitted in a