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2016 FEB 22 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 29 2016

T. BROWN

COVER LETTER

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

SUBJECT: Executive Partners International, 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: Robert Oberwise

Name (Printed or typed)

2590 Golden Gate Parkway, Suite 108

Address

Naples Florida 34105

City, State & Zip

847-713-2600

Daytime Telephone number

roberwiae@executiveoartners.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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME
The name of the corporation shall be: Executive Partners International, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address	Mailing address, if different is:
<u>Suite 108</u>	<u></u>
<u>2590 Golden Gate Parkway</u>	<u></u>
<u>Naples, FL 34105</u>	<u></u>

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: To perform strategy development, operations execution,
leader development, healthcare solutions, other business consulting and other activities permissible by law.

ARTICLE IV SHARES
The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Robert Oberwise, President</u>	Name and Title: <u></u>
Address <u>Suite 108</u>	Address: <u></u>
<u>2590 Golden Gate Parkway</u>	<u></u>
<u>Naples, FL 34105</u>	<u></u>
Name and Title: <u></u>	Name and Title: <u></u>
Address <u></u>	Address: <u></u>
<u></u>	<u></u>
<u></u>	<u></u>
Name and Title: <u></u>	Name and Title: <u></u>
Address <u></u>	Address: <u></u>
<u></u>	<u></u>
<u></u>	<u></u>

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: Robert Oberwise
Address: Suite 108, 2590 Golden Gate Parkway
Naples, FL 34105

ARTICLE VII INCORPORATOR

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

Name: Robert Oberwise
Address: Suite 108, 2590 Golden Gate Parkway
Naples, FL 34105

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

2-1-16

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

2-1-16

Date