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SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
17 FEB - 1 PM 1:02

01/17/17

1/19/17

## COVER LETTER

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

**SUBJECT:** WORKPLACE MONEY COACH, 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:** Shane Robson-Smith

Name (Printed or typed)

5349 98th Ave. East

Address

Parrish, Florida 34219

City, State & Zip

941-504-6505

Daytime Telephone number

MoneyCoachShane@outlook.com

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 20, 2017

SHANE ROBSON-SMITH  
5349 98TH AVE. EAST  
PARRISH, FL 34219

SUBJECT: WORKPLACE MONEY COACH, INC.  
Ref. Number: W17000004435

We have received your document for WORKPLACE MONEY COACH, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 217A00001166

***Workplace Money Coach, Inc.***

5349 98<sup>th</sup> Ave. East  
Parrish, Florida 34219

Florida Department of Revenue  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Fax # 850-245-6804

Re: Workplace Money Coach, Inc.  
& Workplace Money Coach, LLC

To Whom It May Concern,

This letter is a confirmation of the fact that Workplace Money Coach, LLC has been dissolved. We are affirming the fact the this dissolution will not be revoked in the future as a new corporation has been established with the name of Workplace Money Coach, Inc. and that corporation has filed for S-Corporation status for tax purposes.

Sincerely,

Shane Robson-Smith  
President- Workplace Money Coach, Inc.  
January 23, 2017

17 FEB -1 AM 9:19  
INFORMATION SERVICES

**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: WORKPLACE MONEY COACH, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

5349 98TH Ave. East

Parrish, Florida 34219

Mailing address, if different is:

5349 98TH Ave. East

Parrish, Florida 34219T

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To help people take control of their money and reach their financial  
life goals by offering the education, tools and motivation they need to succeed.

17 FEB - 1 PM 1:02  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Shane D. Robson-Smith- President

Name and Title: \_\_\_\_\_

Address 5349 98TH Ave. East

Address: \_\_\_\_\_

Parrish, Florida 34219

Name and Title: Gina M. Brkich-Smith- Vice President

Name and Title: \_\_\_\_\_

Address 5349 98TH Ave. East

Address: \_\_\_\_\_

Parrish, Florida 34219

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: Shane D. Robson-Smith

Address: 5349 98TH Ave. East

Parrish, Florida 34219

17 FEB - 1 PM 1:02  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Shane D. Robson-Smith

Address: 5349 98TH Ave. East

Parrish, Florida 34219

**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 days prior or 90 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*

X \_\_\_\_\_  
Required Signature/Registered Agent

1/6/17  
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.*

X \_\_\_\_\_  
Required Signature/Incorporator

1/6/17  
Date