

P23000015316

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: W. Scott Turnbull, Esquire
Account Name : CARRY, BUCHANAN, BOWDISH, ET AL
Account Number : 876424001425
Phone : (772)233-4602
Fax Number : (772)398-8122

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: glen.hughes@pensionsource.com

FLORIDA PROFIT/NON PROFIT CORPORATION
Pension Source Holdings, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: PENSION SOURCE HOLDINGS, INC.ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

2110 SE RAYS WAY
STUART, FL 349942110 SE RAYS WAY
STUART, FL 34994ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESSARTICLE IV SHARESThe number of shares of stock is: 1,000ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: GLENDON E. HUGHES
PRESIDENT, DIRECTOR
Address: 2110 SE RAYS WAY
STUART, FL 34994

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: GLENDON E. HUGHES
2110 SE RAYS WAY
 Address: STUART FL 34994

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: GLENDON E. HUGHES
2110 SE RAYS WAY
 Address: STUART FL 34994

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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

 Required Signature/Registered Agent

2/27/23
 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

2/27/23
 Date

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