

P23000041543

(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



700408389417

FILED IN SEVENTH DIVISION

2023 MAY 30 PM 9:56

RECEIVED
2023 MAY 30 PM 2:47
CLERK OF COURT
TALLAHASSEE, FLORIDA

15

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 5/30/2023

PRIORITY Regular Approval

OUR REF # (Order ID#) 1152312

ORDER ENTITY
STUART ESTATE PLANNING, INC

PLEASE PERFORM THE FOLLOWING SERVICES:
STUART ESTATE PLANNING, INC (FL)

New corp filing

NOTES:
\$70.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a horizontal line.

2023 MAY 30 PM 9:56
ALL INFORMATION
CONFIDENTIAL

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

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

SUBJECT: Stuart Estate Planning, 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: Joel Marcus

Name (Printed or typed)

676 W Prospect Road

Address

Fort Lauderdale, FL 33308

City, State & Zip

954-566-8513

Daytime Telephone number

Jmarcuscpa@yahoo.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)

ARTICLE I NAME

The name of the corporation shall be: Stuart Estate Planning, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5350 W. HILLSBORO BLVD., Suite 103

COCONUT CREEK, FL 33073

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Life Insurance Sales

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Craig Kirsner President

Name and Title: _____

Address 5350 W. HILLSBORO BLVD., Suite 103

Address: _____

COCONUT CREEK, FL 33073

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2023 MAY 30 PM 9:56
HILLSBORO BLVD., SUITE 103
COCONUT CREEK, FL 33073

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: Craig Kirsner

Address: 5350 W. HILLSBORO BLVD., Suite 103

COCONUT CREEK, FL 33073

ARTICLE VII INCORPORATOR

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

Name: Craig Kirsner

Address: 5350 W. HILLSBORO BLVD., Suite 103

COCONUT CREEK, FL 33073

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

Craig Kirsner
Required Signature/Registered Agent

05/30/23
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.

Craig Kirsner
Required Signature/Incorporator

05/30/23
Date