

P240000644100

(Requestor's Name)

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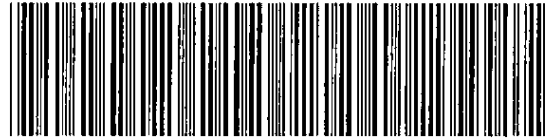
(Business Entity Name)

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TALLAHASSEE, FLORIDA

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 07/01/2024
Acc#120160000072

en: c DW

Name:	RetireDirect Inc.
Document #:	
Order #:	15728168

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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Amount: \$ **78.75**

Thank you!

COVER LETTER

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

SUBJECT: RetireDirect 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: Susan Swierkos

Armstrong Teasdale LLP

Name (Printed or typed)

7700 Forsyth Blvd., Suite 1800

Address

St. Louis, MO 63105

City, State & Zip

(314) 621-5070, x7009

Daytime Telephone number

sswierkos@atl1p.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: RetireDirect Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

380 Town Plaza Avenue

Suite 450

Ponte Vedra, Florida 32081

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful act or activity for which a corporation
may be organized under the Business Organizations Florida Business Corporation Act.

ARTICLE IV SHARES

The number of shares of stock is: 5,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Paula Smith, President

Address: 380 Town Plaza Avenue

Suite 450

Ponte Vedra, FL 32081

Name and Title: Paula Smith, Director

Address: 380 Town Plaza Avenue

Suite 450

Ponte Vedra, FL 32081

Name and Title: Charles Christopher, Treasurer

Address: 380 Town Plaza Avenue

Suite 450

Ponte Vedra, FL 32081

Name and Title: Charles Christopher, Director

Address: 380 Town Plaza Avenue

Suite 450

Ponte Vedra, FL 32081

Name and Title: Bentley Christopher, Secretary

Address: 380 Town Plaza Avenue

Suite 450

Ponte Vedra, FL 32081

Name and Title: Bentley Christopher, Director

Address: 380 Town Plaza Avenue

Suite 450

Ponte Vedra, FL 32081

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HALLAMASSEE, FL

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: C T Corporation System
Address: 1200 South Pine Island Road
Plantation, Florida 33324

ARTICLE VII INCORPORATOR

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

Name: Charles Christopher
Address: 380 Town Plaza Avenue, Suite 450
Ponte Vedra, FL 32081

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

By: Meredith Hellwig C T Corporation System Meredith Hellwig, Assistant Secretary
Required Signature/Registered Agent 07/01/2024
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.

[Signature] Required Signature/Incorporator
Date June 28, 2024

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TALLAHASSEE, FL
CLERK OF THE STATE