1116-D THOMASVILLE RD TALLAHASSEE EL 02303 (904) 222-2666 Name Address City/State/Zip Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time Certified Copy Mail out Will wait Certificate of Status NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/ Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/ QUALIFICATION: Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement

Trademark

Other

Examiner's Initials



The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following articles of Incorporation.

ARTICLE 1 NAME

The name of the corporation shall be: WEALTH MANAGEMENT FINANCIAL GROUP, INC.

ARTICLE 2 PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 157 STONEY RIDGE DRIVE LONGWOOD, FL 32750

ARTICLE 3 SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100,000

ARTICLE 4 INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: LEE A. SILER 157 STONEY RIDGE DR. LONGWOOD, FL 32750

ARTICLE 5 INCORPORATORS

The names and street addresses of the incorporator to these Articles of Incorporation are:

LEE A. SILER 157 STONEY RIDGE DRIVE LONGWOOD, FL 32750

MICHAEL S. GOLD 1309 WILLOW SPRINGS DRIVE LONGWOOD, FL 32750

WAYNE L WELLS 103 TOULA AVENUE LONGWOOD, FL 32750

MICHAEL A. MERBACH 1971 KAROLINA AVENUE WINTER PARK, FL 32789

The undersigned incorporators have executed these Articles of Incorporation this 7th day of March, 1996.

signature

signature

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signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607,0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

ì.	The name of the corporation is:	WentH	MANAgement	

2. The name and address of the registered agent and office is:

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(NAME)	96 J
(P.O. Box of Mail Drop Box NOT ACCEPTABLE)	四月經
Congress II 30000	-FD 8 PH 8 PH 8 PH 8 PH
(CITY/STATE/ZIP)	2: 24 TATE IGRIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Mul a - Signature) March 7, 1996
(SIGNATURE) (DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314