

TRANSMITTAL LETTER

P990000096046

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

SUBJECT: Aline Retirement Planning, Inc.
(Proposed corporate name - must include suffix)

500003029365-3
-10/29/99--01087--023
131.25 **87.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Aline Yap
Name (Printed or typed)

5448 Hoffner Ave., Suite 302
Address

Orlando, Fl. 32812
City, State & Zip

(407) 249-7003
Daytime Telephone number

STATE
TALLAHASSEE, FLORIDA

99 OCT 29 PM 4:16

FILED

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

gjc 11/1

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: Aline Retirement Planning, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5448 Hoffner Avenue
Suite 302
Orlando, Fl. 32812

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Aline Yap
5448 Hoffner Ave., Suite 302
Orlando, Fl. 32812

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Aline Yap
5448 Hoffner Ave., Suite 302
Orlando, Fl. 32812

Aline Yap

Signature/Incorporator

10-25-99

Date

(An additional article must be added if an effective date is requested.)

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

Aline Yap

Signature/Registered Agent

10-25-99

Date