

P11000034850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

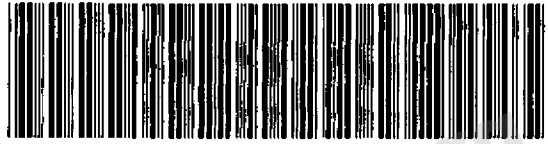
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 APR - 7 PM 3:46

FILED

u 04/08/11

COVER LETTER

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

SUBJECT: Financial Management Partners, Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

<input type="checkbox"/> \$70.00 Filing Fee	<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED			

FROM: Betsy Valrose
Name (Printed or typed)

13135 N. Indian River Dr
Address

Sebastian, FL. 32958
City, State & Zip

772-589-1050
Daytime Telephone number

BValrose@Comcast.net
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: Financial Management Partners, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address: 13135 N. Indian River Dr. Sebastian, FL. 32958
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Financial Coaching, Self help DVD'S and Support.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Betsy A. Valarose
Address: 13135 N. Indian River Dr. Sebastian, FL 32958
Name and Title:
Address:
Name and Title:
Address:
Name and Title:
Address:
Name and Title:
Address:

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Betsy A. Valarose
Address: 13135 N. Indian River Dr. Sebastian, FL. 32958

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Betsy A Valarose
Address: 13135 N. Indian River Dr. Sebastian, FL 32958

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Betsy A Valarose
Required Signature/Registered Agent

4/6/2011
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.

Betsy A Valarose
Required Signature/Incorporator

4/6/2011
Date