

PO0000026115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

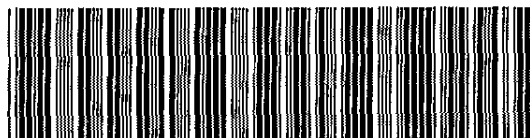
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WXX-5014



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FILED
2006 FEB 20 AM 8:42
CLERK OF STATE
TALLAHASSEE FLORIDA

f 2/22/06

COVER LETTER

FILED

2006 FEB 20 AM 8:42

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

SUBJECT: Wisdom Financial Group Co.

(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 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☒ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Maria Quinones-Batts

Name (Printed or typed)

2383 NW 97 Lane

Address

Coral Springs, FL 33065

City, State & Zip

954-683-7145

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED

2006 FEB 20 AM 8:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

February 1, 2006

MARIA QUINONES-BATTS
2383 NW 97 LANE
CORAL SPRINGS, FL 33065

SUBJECT: WISDOM FINANCIAL GROUP CO.
Ref. Number: W06000005014

We have received your document for WISDOM FINANCIAL GROUP CO. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Document Specialist
New Filing Section

Letter Number: 706A00007286

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:

Wisdom Financial Group Co.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2383 NW 97 Lane, Coral Springs FL 33065

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawfull business

ARTICLE IV SHARES

The number of shares of stock is:

2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Maria Quinones-Batts
2383 NW 97 Lane
Coral Springs FL 33065

ARTICLE VI REGISTERED AGENT

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

Maria Quinones-Batts
2383 NW 97 Lane
Coral Springs, FL 33065

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Maria Quinones-Batts
2383 NW 97 Lane
Coral Springs, FL 33065

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

Maria Quinones-Batts
Signature/Registered Agent
Maria Quinones-Batts
Signature/Incorporator

FILED

2006 FEB 20 AM 8:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2/15/06
Date
2/15/06
Date