F14000005752

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Bu	siness Entity Nar	me)					
(Do	cument Number)						
Certified Copies	_ Certificate:	s of Status					
Special Instructions to Filing Officer:							





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COVER LETTER

TO:	New Filing Sec			
	Division of Cor	rporations		
SUBJ	ECT: WANGLER		NC.	
		Name of corpora	tion - must include suffix	
Dear S	Sir or Madam:			
"Certi	ficate of Existenc	tion by Foreign Corporation te," or "Certificate of Good is an corporation to transact bu	Standing" and check are sub	
Please	return all corresp	oondence concerning this ma	atter to the following:	
TODD	WANGLER			
		Name	of Person	
WANGE	LER WEALTH M	ANAGEMENT, INC.		
•		Firm/C	Company	
27911	. CROWN LAKE 1	BOULEVARD, SUITE 227		
			ddress	····
BONT	A SPRINGS, F	r. 3 413 5		
			te and Zip code	
	PAY PETE 1	10 10 10 11 m	C 0.5	
1 0-	<u> </u>	E-mail address: (to be us	ed for future annual report	notification)
For fu	rther information	concerning this matter, plea	se call·	
			So cui	·
ROBEE	RT F. GREENEBA	AUM, CPA at 585-3	83-5600	
	Name of Perso		ea Code & Daytime Teleph	one Number
	STREET/COL	JRIER ADDRESS:	MAILING A	DDRESS:
New Filing Section		New Filing Section		
Division of Corporations Clifton Building Division of Corporation P.O. Box 6327				
2661 Executive Center Circle		Tallahassee, F		
	Tallahassee, FL	. 32301		
Enclos	ed is a check for	the following amount:		
3 \$70	0.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	WANGLER WEALTH MANAGMENT, INC.						
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")						
	(If name unavailable in Florida, enter alternate of	corporate name	adopted for the purpose of transacting busing	ness in Floric	 da)		
2	NY	,	46-1436652		,		
	(State or country under the law of which it is incorporated) (FEI number, if applicable)						
4.	11/13/2012	5.	PERPETUAL				
	(Date of incorporation) (Duration: Year corp. will cease to exist or				<u>l")</u>		
6.					4.5		
U.	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)				THE STORY		
7.	27911 CROWN LAKE BOULEVARD, SUIT	E 227, BON	NITA SPRINGS, FL 34135	 	ー ウクデ		
	(Principal office address)						
			•	를 ()	03.33 23.33		
	(Current mailing address)						
8.	Name and street address of Florida register	ed agent: (P.0	O. Box NOT acceptable)				
	Name: TODD WANGLER						
0	ffice Address: 27911 CROWN LAKE BO	ULEVARD, S	UITE 227				
	BONITA SPRINGS		, Florida 34135				
	(City)		(Zip code)				

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

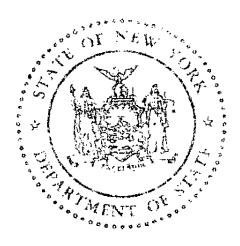
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Vice Chairman: Address: Address: Address: **B. OFFICERS** President: TODD WANGLER Address: 70 BRANDON WOODS DR ROCHESTER, NY 14618 Vice President: Address: Secretary: __ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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. 13. TODD WANGLER, PRESIDENT

(Typed or printed name and capacity of person signing application)

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of WANGLER WEALTH MANAGEMENT, INC. was filed on 11/13/2012, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 14th day of November two thousand and fourteen.

Executive Deputy Secretary of State