

F20 000002450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

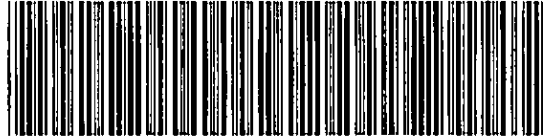
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: I \$ WISER CONSUMER EDUCATION, INC.

Name of Corporation

DOCUMENT NUMBER: F20000002450

The enclosed *Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s)* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID ALECOCK

Name of Contact Person

I \$ WISER CONSUMER EDUCATION, INC.

Firm/Company

2295 SOUTH HIAWASSEE RD. STE 104.

Address

ORLANDO, FL 32835

City/State and Zip Code

LEGAL@IDOLLARWISER.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID ALECOCK

at (877) 274-9479

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for the following amount:

☒ \$35.00 Filing Fee ☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy (Additional
copy is enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S)
AND/OR DIRECTOR(S)**

(Note: Applicable only during the first calendar year of qualification)

1. The name of the foreign corporation as it appears on the records of the Florida Department of State is:
1 \$ WISER CONSUMER EDUCATION, INC.
2. This entity was authorized to transact business in Florida on 05/22/2020 and its Florida document number is F20000002450
3. This corporation was formed under the laws of TEXAS
4. The name and address of each officer and/or director is as follows:

Title:
PRESIDENT and EXEC. DIRECTOR

SECRETARY, TREASURER and DIRECTOR

Name and Address

DAVID ALECOCK

2295 SOUTH HIAWASSEE RD. STE 104

ORLANDO, FL 32835

ART BASMAJIAN

2295 SOUTH HIAWASSEE RD. STE 104

Orlando, FL 32835

DERICK AVILLEZA

2295 SOUTH HIAWASSEE RD. STE 104

Orlando, FL 32835

DIRECTOR

(Attach additional pages if necessary)

David A. Alecock
Signature of an officer or director

DAVID ALECOCK
Typed or printed name of person signing

PRESIDENT _____
Title of person signing

FILING FEE \$35

Make checks payable to Florida Department of State and Mail to:
Division of Corporations • PO Box 6327 • Tallahassee, FL 32314