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(1	Requestor's Name)	
	A	
(,	Adaress)	
	Address)	
`	•	
	City/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(Business Entity Name)	
	Document Number)	
•	•	
Certified Copies	. Certificates of	Status
,		
Special Instructions to F	Filing Officer:	

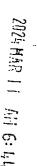




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TALLAMASSEE, FLORIDA







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COVER LETTER

•	tration Section of Corp						
SUBJECT:	Wisdom Ir	afinity International	LLC				
				ı - mus	t include suffix		
Dear Sir or M	adam:						
"Certificate of	Existence		of Good Star	iding"	rization to Transac and check are subs lorida.		
Please return :	all correspo	ondence concernin	g this matte	r to the	following:		
Rodney Blanks	s						
			Name of	Person			
Wisdom Infini	ty Internatio	nal LLC					
			Firm/Cor	npany			
1985 W HENT	DERSON RI	D PMB 3049					
			Addr	ess			
Columbus, OH	43220						
	_		City/State a	and Zip	code		
RodneyB@wis	dominfinity						
		E-mail address:	(to be used	for fut	ire annual report n	otific	cation)
For further in	formation o	concerning this ma	tter, please	call:			
Rodney Blanks	s	i	at (404 Area Coo) 24	7-9112		
Name	e of Person		Area Coo	ie –	Daytime Telepl	hone	Number
Regis Divis: The C 2415	tration Section of Corp. Centre of T	oorations allahassee Street, Suite 810	:		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ectio orpor 7	n ations
		he following amou		T AP C	r. Te		
riesse make cii □ \$70.00 Fili		to: FLORIDA DE			75 Filing Fee &		\$87.50 Filing Fee,
	.	Certificate of			ified Copy		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.

	·	Opted for the purpose of transacting business in Florida) 19-1204221		
Ohio (State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
02/07/2024		•		
	of incorporation)	(Date of duration, if other than perpetual)		
03/08/2024				
	(Date first transacted business in 1 (SEE SECTIONS 607,1501 & 607,150			
1985 W HENDE	RSON RD PMB 3049, Columbus, OH 43220			
	• •	e <u>street</u> address)		
1014 Mantes Av	e, Jacksonville, FL 32205			
	(Current mailing	address, if different)		
N1	et address of Florida registered agent: (P.O.	Box NOT acceptable)		
vame and suce				
Name and succ	Rodney Blanks			
Name;	Rodney Blanks 1014 Mantes Ave	_		
Name;		Florida 32205		
-	1014 Mantes Ave	. Florida 32205 (Zip code)		

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.

i1. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

(Registered agent's signature)

A. DIRECTORS						
□Chairman	Name: Rodney Blanks	Chairman	Name:			
□Vice Chairman	Address: 1014 Mantes Ave	□Vice Chairman	Address:			
□ Director	Jacksonville, FL 32205	□Director				
NP esident		□President				
□Vice President		□Vice President				
□Secretary	○Treasurer	Secretary		□Treasurer		
■Other Owner	□ Other	□Other		□Other		
Chairman	Name:	□ Chairman	Name:	_		
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		Director				
□Presiden1		□President				
□Vice President		□Vice President				
☐ Secretary	☐Treasurer	Secretary		□Treasurer		
□Other		Other		Other		
□ Chairman	Name:	□ Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address;			
□Director		Director				
□President		□ President				
□Vice President		□Vice President				
☐ Secretary	☐Treasurer	Secretary		□Treasurer		
□Other		⊡Other		□ Other		
Important Note: Use the reaching it to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be affect to the index when filling your Florida Department of State Annual Report form. 12. Signature of Pirector or Office: The officer or director signing this document (and who is fisted in number 11 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. (Typed or printed name and capacity of person signing application)						

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UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I. Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show WISDOM INFINITY INTERNATIONAL LLC, an Ohio Limited Liability Company, Registration Number 5166497, was organized in the State of Ohio on January 15, 2024, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus. Ohio this 13th day of February, A.D. 2024.

Ohio Secretary of State

Fred for

Validation Number: 202404400060