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**Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
WILDER FOUNDATION INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

15 SEP 29 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 SEP 29 PM 2:17

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COVER LETTER

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

SUBJECT: WILDER FOUNDATION, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: DENNIS KLARIN

Name (Printed or typed)

C/O 3300 IRVINE AVE., STE 105

Address

NEWPORT BEACH, CA 92660

City, State & Zip

949-833-1171

Daytime Telephone number

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

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

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15 SEP 29 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: WILDER FOUNDATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
785 CRANDON BLVD., STE. 1205

KEY BISCAYNE, FL 33149

Mailing address, if different is:
PO BOX 868

KEY BISCAYNE, FL 33149

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

PRIVATE FOUNDATION

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: APPOINTED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RITA WILDER, PRESIDENT

Address: PO BOX 868
KEY BISCAYNE, FL 33149

Name and Title: GARY WILDER, VICE PRESIDENT

Address: PO BOX 868
KEY BISCAYNE, FL 33149

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: RITA WILDER

Address: 785 CRANDON BLVD., STE 1205

KEY BISCAWAYNE, FL 33149

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DENNIS KLARIN

Address: 3300 IRVINE AVE., STE 105

NEWPORT BEACH, CA 92660

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 9/24/15 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

By: R. Wilder
Required Signature of Registered Agent

9/24/15

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in §817.155, F.S.

Dennis Klarin
Required Signature of Incorporator

9-24-15
Date