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NOTIFICATION OF STATE OF STATE

x 07/11/17

COVER LETTER

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

FROM:

SUBJECT:	(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)			
nclosed is an original a	and one (1) copy of the Ar	ticles 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		

Wilson Training Center, Inc.

sylviawilson2012@hotmail.com

(813) 481-8058

2037 Fiesta Ridge Court

Tampa, Florida 33604

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

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

Name (Printed or typed)

Address

City, State & Zip

Daytime Telephone number

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

ARTICLE I The name of the	NAME corporation shall be:	Wilson Fraiming Center, Inc.	
ARTICLE II	PRINCIPAL OFFICE		
2037	Principal <u>street</u> address: Fiesta Ridge Court	Mailing address, if different is:	
Tamp	a, Florida 33604	,	
	-		
ARTICLE III			.
		i eaching how to prepare resumes, dress for job interviews, teach in	
prepare busines	ss plans.		= 55 <u>0</u>
			- ART
			C - 4
			<u> </u>
	•	· · · · · · · · · · · · · · · · · · ·	
			ະນີ້.
ARTICLE V	- ([nanner in which the directors are elected and appointed: By the Board RECTORS	 -
Name and Title	Sylvia Wilson (P)	Name and Title:	,
Address	2037 Fiesta Ridge Court	Address:	
Address	Tampa, FL 33604		
	Sandrah Smith(VP)		
Address	2037 Fiesta Ridge Court	Name and Title:	
		Address:	
	Tampa, FL 33604		
Name and Title	John Wilson (S/T)	Name and Title:	
Address	2037 Fiesta Ridge Court		
	Tampa, FL 33604	Address:	
	· · · · · · · · · · · · · · · · · · ·		

Name and Title:_		Name and Title:	-	
Address _		Address:	-	
_			-	
Name and Title:		Name and Title:	-	
Address				
Address		Address.	-	
_			-	
_			-	
	<u>REGISTERED AGENT</u> lorida street address (P.O. Box NOT accep	ptable) of the registered agent is:		
Name:	Sylvia Wilson	. , ,		
Address:	2037 Fiesta Ridge Court			~.I
Addiess.	Tampa, FL 33604		17 JI	SEA
	<u>INCORPORATOR</u>			856
The name and ac	ddress of the Incorporator is:	·	丑	프로
Name:	Sylvia Wilson		?; 3	
Address:	2037 Fiesta Ridge Court	<u> </u>	39	O.H.
	Tampa, FL 33604	<u> </u>		
Effective date, if	EFFECTIVE DATE: 07/11/20 other than the date of filing: 120 date is listed, the date must be specific an	O17 (OPTIONAL) nd cannot be more than five days prior or 90 days afte	r the fili	ng.)
	e inserted in this block does not meet the apprive date on the Department of State's reco	pplicable statutory filing requirements, this date will not boords.	e listed a	as the
		of process for the above stated corporation at the place as registered agent and agree to act in this capacity	: designa	ited in this
Required Signature of Registere		07/11/201	7	
	Required Signature of Registered	d Agent Date		
I submit this doc to the Departmen	ument and affirm that the facts stated here nt of State constitutes a third degree felony	ein are true. I am aware that any false information subm σ as provided for in s.817.155, F.S.	itted in å	document
	21/11/2 /,)1/2	07/11/201	7	
	Required Signature of Incor	rporator Date	:	_