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April 2, 2019

PASQUALE VERONA 140 4TH STRETT HOUSTAN, PA 15342

SUBJECT: WIZ PIZ SOLUTIONS INC

Ref. Number: W19000033086

We have received your document for WIZ PIZ SOLUTIONS INC and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The articles of incorporation of a nonprofit corporation must be prepared in compliance with section 617.0202, Florida Statutes. Please refer to that section of the law for assistance.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page Regulatory Specialist II

Letter Number: 219A00006501

www.sunbiz.org

New Towns of Orange of Ora

COVER LETTER

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

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:

\$70.00 \$78.75 \$87.50
Filing Fee Filing Fee & Certificate of Status

\$2 \$70.00 Certified Copy & Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: Wisquele (Printed or typed)

140 4 E STREET

Address

Houstand H 15342

City, State & Zip

Daytime Telephone number

PATURINAD WIZBIZS (Journal of States)

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

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

COVER LETTER

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

WIZ BIZ SO SUBJECT:	DLUTIONS, INC.		0		
	(PROPOSED CORPO	RATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)		
Enclosed is an original a	and one (1) copy of the Artic	cles 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 CO	PY REQUIRED		
FROM:	Pasquale Verona			-	
	Name (Printed or typed)		-		₹ Ö
	140 4th Street		_		21 N. 7.
	Houston, PA 15342	Address); ;;	
	City, State & Zip		-		8 t2 t
	724-514-6330		•	(X)	
	Daytime Telephone number				
	patverona@wizbizsolutions.		- ,		
	E-mail address: (to be used for fi	uture annual report notificatio	111 }		

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

ARTICLES OF INCORPORATION

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

The name of th	MZ BIZ SOLUTION ne corporation shall be:		·····		
RTICLE II	PRINCIPAL OFFICE				
1313	Principal <u>street</u> address: 30 WHITE MARSH LANE #204	Mailing address, if different is: 140 4th STREET			
FORT MYERS, FL 33912		HOUSTON, PA 15342			
The purpose for the American	Heroes (active Military, Veterans, Police,	Firemen and o		rchase a	
· · · · · · · · · · · · · · · · · · ·	ucted home. And the Corporation may e	xpand this miss	sion to include other charitable endea	avours	
as it may de	em notable.	 			
· - ··· -					
RTICLE IV	MANNER OF ELECTION The manner	r in which the dire	Membe	ers will be	
		r in which the dire	Membe elected and appointed:	ers will be	
appointed.			Membe elected and appointed:	ers will be	
appointed.	INITIAL OFFICERS AND/OR DIRECTO	<u>VRS</u>	ectors are elected and appointed:	ers will be	
appointed.	INITIAL OFFICERS AND/OR DIRECTO	<u>VRS</u>	ectors are elected and appointed:	ers will be	
appointed. (RTICLE V Name and Tit	INITIAL OFFICERS AND/OR DIRECTO le: Pasquale Verona, Executive Director & Founder	ORS Name and Title Address:	ectors are elected and appointed:	ers will be	
appointed. IRTICLE V Name and Titl	INITIAL OFFICERS AND/OR DIRECTO le: Pasquale Verona, Executive Director & Founder	ORS Name and Title Address:	Dr. Matthew Verona, Director	ers will be	
appointed. ARTICLE V Name and Titl Address	INITIAL OFFICERS AND/OR DIRECTO Pasquale Verona, Executive Director & Founder 140 4th Street, Houston, PA 15342	ORS Name and Title Address:	Dr. Matthew Verona, Director 470 Sapps Hollow Rd., Shinnston, WV 26431	ers will be	
appointed. ARTICLE V Name and Titl Address	INITIAL OFFICERS AND/OR DIRECTO le: Pasquale Verona, Executive Director & Founder 140 4th Street, Houston, PA 15342 le: Anthony Verona, Director	ORS Name and Title Address: Name and Title	Dr. Matthew Verona, Director 470 Sapps Hollow Rd., Shinnston, WV 26431 Jean Sfiligoj, Director	ers will be	
appointed. ARTICLE V Name and Titl Address	INITIAL OFFICERS AND/OR DIRECTO Pasquale Verona, Executive Director & Founder 140 4th Street, Houston, PA 15342 de: Anthony Verona, Director 7625 Apple Blossom Lane	ORS Name and Title Address: Name and Title	Dr. Matthew Verona, Director 470 Sapps Hollow Rd., Shinnston, WV 26431 Jean Sfiligoj, Director	-	
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appointed. ARTICLE V Name and Titl Address	INITIAL OFFICERS AND/OR DIRECTO Pasquale Verona, Executive Director & Founder 140 4th Street, Houston, PA 15342 de: Anthony Verona, Director 7625 Apple Blossom Lane	ORS Name and Title Address: Name and Title	Dr. Matthew Verona, Director 470 Sapps Hollow Rd., Shinnston, WV 26431 Jean Sfiligoj, Director	-	
Name and Titl Address Name and Titl Address	INITIAL OFFICERS AND/OR DIRECTO Pasquale Verona, Executive Director & Founder 140 4th Street, Houston, PA 15342 de: Anthony Verona, Director 7625 Apple Blossom Lane	ORS Name and Title Address: Name and Title Address:	Dr. Matthew Verona, Director 470 Sapps Hollow Rd., Shinnston, WV 26431 Jean Sfiligoj, Director 1655 Oakmount Rd. South Euclid, OH 44121	-	

				
Name and Title	:	Name and Title:		
Address		Address:		
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N.T				
Name and Title	:	Name and Title:		
Address		Address:		
			7+ W.	
	- II-			
ARTICLE VI	REGISTERED AGENT			
The <u>name and l</u>	Florida street address (P.O. Box NOT acce	table) of the registered agent is:		
Name:	Pasquale Verona			
Address:	13130 White Marsh Lane #204			
	Fort Myers, FL 33912			
				
	INCORPORATOR		6	
The <u>name</u> and a	address of the Incorporator is:		100 × 200 ×	
Name:	PASQUALE VERONA			
Address:	13130 WHITE MARSH LANDE	#204_	PR 15 44 6	
	FORT MYERS, FL 33912		91. 9	
ARTICI F VIII	EFFECTIVE DATE:		₹ & ¥	
Effective date, i	f other than the date of filing: March 21,			
(II an effective	date is listed, the date must be specific an	cannot be more than five days prior of	or 90 days after the filing.)	
Note: If the dat	e inserted in this block does not meet the ap ctive date on the Department of State's reco	dicable statutory filing requirements, this	s date will not be fisted as the	
document 8 cite	ctive date on the Department of State's reco	as.		
Having been na	med as registered agent to accept service of	f process for the above stated corporation	on 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	
Per babline		ì	March 21, 2019	
Required Signature of Registered Agent		rgent	Date	
I submit this doc	ument and affirm that the facts stated herei	t are true. I am aware that any false info	ormation submitted in a document	
о те геринте	nt of State constitutes a third degree felony of	s provided for in 8.817.155, F.S.		
	Required Signature of Incorr	<u> </u>	March 21, 2019	
	redamen giguature of fucort	этагог	Date	