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Florida Department of State  
Division of Corporations  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
Celebrate Her Wisdom Inc.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

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

SUBJECT: Celebrate Her Wisdom 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: Cheyenne Moseley, Legalzoom.com, Inc.

Name (Printed or typed)

101 N Brand Blvd., 11th Flr.

Address

Glendale, CA 91203

City, State & Zip

323 962-8600 ext 9724

Daytime Telephone number

ramanagement@legalzoom.com

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

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

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

**ARTICLE I NAME**

The name of the corporation shall be: Celebrate Her Wisdom Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address:  
5380 Gulf of Mexico Dr Ste 105

Longboat Key, FL 34228

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Please see attachment

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: The method by  
which the directors of the corporation are elected or appointed will be stated in the bylaws.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Cathy Gumbiner (D)

Address: 5380 Gulf of Mexico Dr Ste 105  
Longboat Key, FL 34228

Name and Title: Linda Martinho (D)

Address: 5380 Gulf of Mexico Dr Ste 105  
Longboat Key, FL 34228

Name and Title: Michele De Luce (D)

Address: 5380 Gulf of Mexico Dr Ste 105  
Longboat Key, FL 34228

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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: United States Corporation Agents, Inc.

Address: 476 Riverside Ave.

Jacksonville, FL 32202

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michele De Luce

Address: 5380 Gulf of Mexico Dr Ste 105

Longboat Key, FL 34228

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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*

*Cm*

Required Signature of Registered Agent

Cheyenne Moseley, United States Corporation Agents, Inc.

03/17/2024

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 s.817.155, F.S.*

*Michele De Luce*

Required Signature of Incorporator

Michele De Luce

*March 17, 2024*

Date