

TRANSMITTAL LETTER

P00000085892

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

200003386752--2
-09/08/00-01065-007
*****78.75 *****78.75

SUBJECT: G WIZ DIGITAL DESIGN, 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: GIWO W GAVONI
Name (Printed or typed)

1361 MARKHAM WOODS ROAD
Address

LONGWOOD, FL 32779
City, State & Zip

407-772-4636
Daytime Telephone number

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

FILED
00 SEP -8 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 9/12

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: G WIZ DIGITAL DESIGN, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 1361 MARKHAM WOODS RD.
LONGWOOD, FL 32779

MAILING ADDRESS: PO BOX 950266 LAKE MARY, FL 32795-0266

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

GINO W. GAVONI, DIR.
1361 MARKHAM WOODS RD
LONGWOOD, FL 32779

LISA M. GAVONI, DIR
1361 MARKHAM WOODS RD
LONGWOOD, FL 32779

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

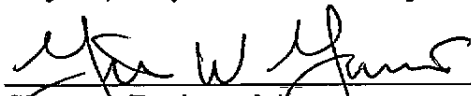
GINO W. GAVONI
1361 MARKHAM WOODS RD
LONGWOOD, FL 32779

ARTICLE VII INCORPORATOR

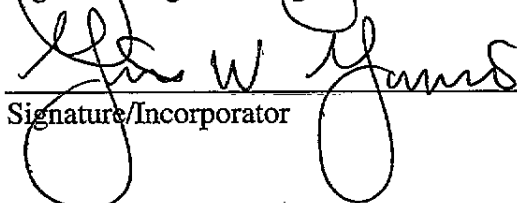
The name and address of the Incorporator is:

GINO W. GAVONI, DIR
1361 MARKHAM WOODS RD
LONGWOOD, FL 32779

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


Signature/Registered Agent

9-6-00
Date


Signature/Incorporator

9-6-00
Date

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00 SEP -8 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA