

P03000112331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

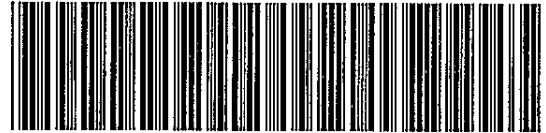
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
03 OCT 10 PM 1:13
DIVISION OF CORPORATION

FILED
03 OCT 10 AM 2:25
STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Blind Wizard Too Inc

Signature _____

Requested by _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

☒ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

____ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

____ Art. of Amend. File _____

____ RA Resignation _____

____ Dissolution / Withdrawal _____

☒ Annual Report / Reinstatement _____

____ Cert. Copy _____

____ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

____ Courier _____

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:

Blind Wizard Too, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9146 NW 21 Street
Coral Springs, Florida 33071

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
New business

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Phil Iovino, President 9146 NW 21 Street
Coral Springs, Fl. 33071
Joan Iovino, Vice-President
9146 NW 21 Street
Coral Springs, Fl. 33071

ARTICLE VI REGISTERED AGENT

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

Phil Iovino
9146 NW 21 Street
Coral Springs, Florida 33071

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Phil Iovino
9146 NW 21 Street
Coral Springs, Florida 33071

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

Phil Iovino

Signature/Registered Agent

Phil Iovino

Signature/Incorporator

FILED

03 OCT 10 AM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/9/07

Date

10/9/07

Date