P03000112331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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03 OCT 10 PM 1:13
DIVISION OF CORPORATION

FILED
03 OCT 10 AM 2:25
SECRETARY OF 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

- ✓ 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

Signature

Requested by: SW 10/10

Name Date Time

Walk-In _____ Will Pick Up _____

ARTICLES OF INCORPORATION

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Blind Wizard Too, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing 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

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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

Phillip Iovino
Signature/Registered Agent

10/9/07
Date

Phillip Iovino
Signature/Incorporator

10/9/07
Date