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(F	Requestor's Name)	
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(0	City/State/Zip/Phone #)	•
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TRANSMITTAL LETTER

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

cu are an orig	inal and one (1) copy of the ar	ticles of incorporation and	a check for:
S70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	CARRIE	CAMERON	
	338 E. l	e (Printed or typed)	HREET
	TARPON	SPRINGS, Y, State & Zip	FL 3468
			¬.

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

* 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:
WUICKCERT, INC.
,
ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:
338 E. LEMON STREET
TARPON SPRINGS, FL 34689
ARTICLE III PURPUSE
The purpose for which the corporation is organized is:
PROVIDER OF DISTANCE LEARNING MATERIAL
ARTICLE IV SHARES
The number of shares of stock is:
100 SHARES
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
List name(s), address(es) and specific title(s): SAMES FRANK FOSTER -338 E. LEMONST.S, FC 34689 - C.O.C
JAMES FRANK FOSTER -338 E. LEMON STREET, T.S, FL 34689-C.S., MOMIS BROWN -338 E. LEMON STREET, T.S. FL 34689-C.E.C CARRIE CAMERON-338 E. LEMON STREET, T.S. FL 34689-C.E.C
COPPLE CAMPRON-338 E. LEMON STREET, 4.S. FL 39689-C.E.C
& SOLE DIRECTOR
ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
THOMAS BROWN
236 6 1 8 WV) 2458EL
TARPON SPRINGS, FL 34689
ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
CARRIE CAMERON 338 E. LEMON STREET
STARPOLD SPRINGS, FL 34689 7

certificate, If am familiar with and accept the appointment as registered agent and agree to act in this capacity
1 mos 1 / Our 9p /04
Signature/Registered Agent / Date/
James (ameros) 4204
Signature/Incorporator Date