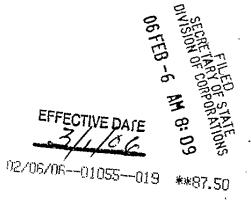
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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer;	

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COVER LETTER

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

SUBJECT: Ki	m Wise Desi (PROPOSED CORPOR	gner, Inc.	
	(PROPOSED CORPOR	APE NAME – <u>MUST INCI</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM:	Kim Wise	e (Printed or typed)	
	2929 NE 3	Brd Street	
	Ocala, Flor	rida 344 V, State & Zip	10
	35Z-236-(0055 Telephone number	

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Pro	on Effective	Date 3-1-06
ARTICLE I NAME The name of the corporation shall be:		
Kim Wise, Designer, Inc.		
ARTICLE II PRINCIPAL OFFICE	<u></u> .	, <u>Q</u> .
The principal place of business/mailing address is: 2929 NE 3rd St.		Visio 06 FT
Ocala FL 34470		B-FF
ARTICLE III PURPOSE		6 POSTED
The purpose for which the corporation is organized is:		M ORAN
Residential Drafting Ser	VICE	: 09
ARTICLE IV SHARES		EFFECTIVE DATE
The number of shares of stock is:		41106
10		
ARTICLE V INITIAL OFFICERS AND/OR DIRECT List name(s), address(es) and specific title(s):		
Kim Wise, President, 683	Z SEB7th S	st., Ocala, FL
Bob Wise Vice Pres.	, ,	n ii 344 ii i
Megan Wise, Secretary		• (
Aubrey Wise, Measurer	be to en	il ll
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptal	ble) of the registered agen	t is:
Vim Wise		
6832 SE87th St.	-	
Ocala FL 34472 ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is:	· -	
Kim Wise		
2929 NE3rd ST Ocala FL 34470	•	
**************************************	*******	*******
Having been named as registered agent to accept service of process for the certificate, I am familiar with and accept the appointment as registered agen		
W. Kim Wise		· ^(-
Signature/Registered Agent Ocala FL 34	T 2-3	Date
Kim Wing	2-3	~O(a
Signature/Incorporator	_	Date
Kim Wise		
29 Z9 NE 3rd St. Ocala FL 34470		
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