

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

RECEIVED DEC 23 2008

FLORIDA PROFIT/NON PROFIT CORPORATION

BLIND WIZARD, INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

2008 DEC 23 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

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, INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

9146 N.W. 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 AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Phil Iovino, President 9146 N.W. 21 Street
Coral Springs, FL 33071

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Phil Iovino
9146 NW 21 Street
Coral Springs, FL 33071

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Phil Iovino
9146 N.W. 21 Street
Coral Springs, FL 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

EFFECTIVE
JANUARY 1st 2009

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Date

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Date