

PI 000000 92968

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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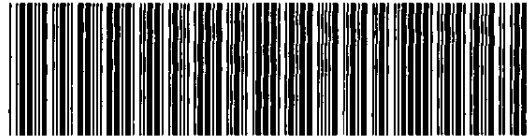
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Wynn Financial Consultants, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

☒ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Somer A. Rein
Name (Printed or typed)

P.O. Box 691054
Address

Orlando, FL 32869
City, State & Zip

407-495-0529
Daytime Telephone number

somer@wynnfinancialconsultants.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

Wynn Financial Consultants, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

14900 East Orange Lake Blvd
Kissimmee, FL 34747

Mailing address, if different is:

P.O. Box 691054
Orlando, FL 32869

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Somer A. Rein, President

Address: 14900 East Orange Lake Blvd
Kissimmee, FL 34747

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Somer A. Rein

Address: 14900 East Orange Lake Blvd
Kissimmee, FL 34747

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Somer A. Rein

Address: 14900 East Orange Lake Blvd
Kissimmee, FL 34747

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

Somer A. Rein

Required Signature/Registered Agent

11-03-10

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Somer A. Rein

Required Signature/Incorporator

11-03-10

Date

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TALLAHASSEE, FLORIDA