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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 31 2011

COVER LETTER

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

SUBJECT: Wonder World Productions 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: Michael J Bernhardt

Name (Printed or typed)

1514 Nira Street

Address

Jacksonville FL 32207

City, State & Zip

904-387-4991

Daytime Telephone number

michaeljbernhardtm@gmail.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 Wonder World Production, Inc

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1514 Nira Street
Jacksonville FL 32207
904-387-4991

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Write and Sell Children Books

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael J Bernhardt, President
Address: 1514 Nira Street
Jacksonville FL 32207

Name and Title: _____
Address: _____

Name and Title: Billie Bernhardt, Vice President
Address: 1514 Nira Street
Jacksonville FL 32207

Name and Title: _____
Address: _____

Name and Title: Michael J Bernhardt, Secretary
Address: 1514 Nira Street
Jacksonville FL 32207

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: Jose Paredes
Address: 1514 Nira Street
Jacksonville FL 32207

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jose Paredes
Address: 1514 Nira Street
Jacksonville FL 32207

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

Required Signature/Registered Agent

01/26/2011

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.

Required Signature/Incorporator

01/26/2011

Date

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