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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

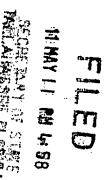


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DEFAIL OF CORPORATION
TALL OF ASSET FLORIDA

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## **COVER LETTER**

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

SUBJECT: Wilders Corpora	
(PROPOSED CORPORA	ATE NAME - MUST INCLUDE SUFFIX)
Enclosed are an original and one (1) copy of the art	icles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Shantae Wilder Name Po Bx 21014  Tallahossee FL 3 City,	e (Printed or typed) Address
Tallahossee FL 3 City,	231 6 State & Zip
Daytime T	Celephone number
E-mail address: (to be use	d for future annual report notification)

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)

Principal street address Principal street addr	FIL
Principal street address  1973 Fartana Trl  32351 Partney Fr.  RTICLE III PURPOSE The purpose for which the corporation is organized is: any and all lawful beiness The number of shares of stock is: 1  RTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: Shantae Wider CEO foods, freshand Name and Title: Address:  32316  Name and Title: Name and Title: Address: Add	<b>A</b> 1.
Principal street address  1973 Fariana Trl  23351 Penney Fe  RTICLE III PURPOSE  the purpose for which the corporation is organized is: any and all lawful beiness  the number of shares of stock is: 1  RTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: Shantae Wilder CEO foods, freshed Name and Title: Address:  70. Box 2074 Intlastance Fe Address: Address: Address:  Name and Title: Name and Title: Address:	AY LI R
RTICLE IV SHARES he number of shares of stock is: 1  RTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Sharks Welder, CEO, Sanda free Mane and Title: Address:  Name and Title: Name and Title: Address: Address: Address: Address: Address: Name and Title: Name and Title: Address: Name and Title: Name and Title: Name and Title: Address: Name and Title: Name a	SA. V V
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RTICLE VI REGISTERED AGENT	
the name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:	
Name: Shantae Wilder	
Address: 1561 Blow Astown Hory API	
103 Tailohussee FL 32104	
RTICLE VII INCORPORATOR	
he name and address of the Incorporator is:	
Name: Wilder Corp. Address: P.O Box 21079 Takhhosse	
Address: N.O. Box 21079 Takhossic	
FU 32316	
laving been named as registered agent to accept service of process for the above stated corporation at the place des	ignated in
is certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	
OK to I little	
X/M/LEE WW/UV)	<del></del>
Required Signature/Registered Agent Date	
submit this document and affirm that the facts stated herein are true. I am aware that the false information submit	nitted in a
ocument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	
1/ + 1/2/2	,
Angulue 1 Melli Required Signature/Incorporator OS/11/1.	<u></u>