## P11000057279

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



000208605080



MRD1

## **COVER LETTER**

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

SUBJECT: Wynn Consulting Group, Inc.				
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)		
Enclosed are an original and one (1) copy of the arti-	cles of incorporation an	d a check for:		
\$70.00 \$78.75	\$78.75	\$87.50		
Filing Fee Filing Fee & Certificate of Status	Filing Fee & Certified Copy	LY_Filing Fee, Certified Copy		
& Confidence of Status	a commarcopy	& Certificate of Status		
	ADDITIONAL C	OPY REQUIRED		
EDOM Dorothy D. Wynn				
FROM: Dorothy D. Wynn Name	(Printed or typed)			
:				
1700 Windermere Down Place Address				
•	Tuta VIII			
Windermere, Florida 34786				
City,	State & Zip			
407 294-1900				
Daytime T	elephone number			
dwwnn11@off.rr.com				
E-mail address: (to be used 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)

ARTICLE 1 N The name of the corpo	AME Wynn Consulting Group pration shall be:	, Inc.		
170	RINCIPAL OFFICE Principal street address O Windermere Down Place Indermere, Florida 34786	-	1	Mailing address, if different is:
	TRPOSE  It the corporation is organized is:  ulting and Management Services	•		SECULIAN SEE THE SEE THE SECULIAN SECUL
ARTICLE IV S The number of shares				27 ORIDA
ARTICLE V II  Name and Title  Address:	VITIAL OFFICERS AND/OR DIRECTOR Dorothy D. Wynn 1700 Windermere Down Place Windermere, Florida 34786	Name	<b>5</b> S:	Dorothy D. Wynn, President 1700 Windermere Down Place Windermere, Florida 34786
Name and Title Address:		_ Name _ Addre	and Title ss:	
Name and Title Address:		_ Name _ Addre	and Title ss:	
	EGISTERED AGENT la street address (P.O. Box NOT acceptable) of Victor Chapman, Esquire  18 Wall Street Orlando, Florida 32801		stered age	nt is:
ARTICLE VII II The name and addre Name: Address:		- - -		
	as registered oftent to accept service of process amiliar with and accept the appointment as reg  W  Required Signature/Registered Agent			
	ent and affirm that the facts stated herein are artment of State constitutes a third degree felon			n s.817.155, F.S.
	Regarded Signature/Incorporator	<del></del>	<del></del>	6/15/2011 Opte