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COVER LETTER

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

UBJECT: Wisdom Community Management & Bookkeeping Services, (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	i a check for:
\$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED

?∩M·	Thomas F. Wisdom Name (Printed or typed)		
COIVI.			
	2669 Greenbelt Yard		
	Address		
	Sarasota, FL 3435		
	City, State & Zip		
	941-586-2959		
	Daytime Telephone number		
	tw3550@comcast.net		
	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)

<u>ARTICLE I NAME</u>

The name of the corporation shall be: Wisdom Community Management & Bookkeeping Services, Inc.

<u>ARTICLE II PRINCIPAL OFFICE</u>

The principal place of business and mailing address of this corporation shall be:

2831 Ringling Blvd, Bldg. B, Suite 203D Sarasota, FL 34237

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Providing management and services to Community Associations.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares of common stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Thomas F. Wisdom 2669 Greenbelt Yard Sarasota, FL 34235

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Thomas F. Wisdom 2669 Greenbelt Yard Sarasota, FL 34235

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Thomas F. Wisdom 2669 Greenbelt Yard Sarasota, FL 34235

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

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

11/12/12 Date Md SI NUN C