

P13000084602

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000229059 3))



H130002290593ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 OCT 15 PM 12: 28

FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
WLBE.SP. CONSULTANT CO.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

60246

10/16/13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 OCT 15 PM 3: 14

RECEIVED

Electronic Filing Menu Corporate Filing Menu Help

H13000229059

4

COVER LETTER

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

SUBJECT: WI.BE.SP. Consultant Co.
(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: BRUNO SARTORI
Name (Printed or typed)

255 OCEANIC AVENUE
Address

LAUDERDALE BY THE SEA, FL.33308
City, State & Zip

954-309-1109
Daytime Telephone number

sartori@sartoriusa.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 I NAME
The name of the corporation shall be: WI.BE.SP. Consultant Co.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 1213 NW 167th Avenue
Pembroke Pines, Fl. 33028
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any lawful purpose

ARTICLE IV SHARES
The number of shares of stock is: 1,000 @\$1.00 per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Giannetto Nenci D,P,S Name and Title: _____
Address: 1213 NW 167th Avenue Address: _____
Pembroke Pines, Fl. 33028 _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

STATE OF FLORIDA
TALLAHASSEE

13 OCT 15 PM 12: 28

FILED

H1300000000
(cont.)

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENT

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

Name: Bruno Sartori
 Address: 255 Oceanic Avenue
Lauderdale by the Sea, Fl. 33308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Bruno Sartori
 Address: 255 Oceanic Avenue
Lauderdale by the Sea, Fl. 33308

RECEIVED
FALL ARMOSELEN, FLORIDA

13 OCT 15 PM 12:28

FILED

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 ~~pleased~~ with and accept the appointment as registered agent and agree to act in this capacity

Bruno Sartori 10/15/2013
 Required Signature/Registered Agent 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.817.133, F.S.

Bruno Sartori 10/15/2013
 Required Signature/Incorporator Date

8062000021A