P14000035730

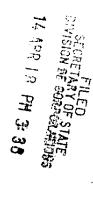
| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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Wiles & Salar Sala

COVER LETTER

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

SUBJECT: WISE CREATIVE SOLUTIONS INC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

| Enclosed are an orig | inal and one (1) copy of the ar | ticles of incorporation and | d 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 CO | PY REQUIRED |

| FROM: JONATAN ALVAREZ | |
|--------------------------|--|
| Name (Printed or typed) | |
| 20771 SW 79 PL | |
| Address | |
| MIAMI, FL 33189 | |
| City, State & Zip | |
| 305-9797950 | |
| Daytime Telephone number | |
| JONAAL26@gmail.com | |

NOTE: Please provide the original and one copy of the articles.



April 10, 2014

JONATAN ALVAREZ 20771 SW 79 PL MIAMI, FL 33189

SUBJECT: WISE CREATIVE SOLUTIONS INC

Ref. Number: W14000022860

We have received your document for WISE CREATIVE SOLUTIONS INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 814A00007703

Carol Mustain Regulatory Specialist II

www.sunbiz.org

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| RTICLE I NAME the name of the corporation shall be: WISE CREATIVE SOLUTIONS RTICLE II PRINCIPAL OFFICE Principal street address Mail 20771 SW 79 PL MIAMI, FL 33189 | | Mailing a | iling address, if different is: | |
|---|--|--|------------------------------------|--|
| | | | | |
| AIVII, FL 3 | 3109 | | | |
| FICLE III PU purpose for which | TRPOSE In the corporation is organized is: | ND ALL LAWFU | JL BUSINESS. | |
| | | | 14 OJV | |
| · | | | A.P.R | |
| | | | | |
| | | | | |
| ricle iv si | JARES 400 | | CORPORA CORPORA PH 3: | |
| FICLE IV SI | HARES of stock is: | | PH PH | |
| | | s | CORPORA CORPORA PH 3: | |
| <u> </u> | IITIAL OFFICERS AND/OR DIRECTOR | | PH 3: 38 | |
| FICLE V IN Name and Ti | | Name and Title: | PH 3: 38 | |
| <u> </u> | IITIAL OFFICERS AND/OR DIRECTOR tle:_ | | PH 3: 38 | |
| Name and Ti | IITIAL OFFICERS AND/OR DIRECTOR tle: JONATAN ALVAREZ PRESIDENT 20771 SW 79 PL | Name and Title:Address: | PH 3: 36 | |
| Name and Ti | JONATAN ALVAREZ PRESIDENT 20771 SW 79 PL MIAMI FL 33189 | Name and Title: Address: Name and Title: | PH 3: 36 | |
| Name and Ti Address Name and Tit | ITTIAL OFFICERS AND/OR DIRECTOR tle: JONATAN ALVAREZ PRESIDENT 20771 SW 79 PL MIAMI FL 33189 | Name and Title: Address: Name and Title: | SORPER STATE SORPER STATE PH 3: 30 | |
| Name and Ti Address Name and Tit Address | JONATAN ALVAREZ PRESIDENT 20771 SW 79 PL MIAMI FL 33189 | Name and Title: Address: Name and Title: Address: | SORPOR STATE SORPOR STATE PH 3: 30 | |

| Name and | Title: | Name and Title: |
|--|--|--|
| Address | | Address: |
| ARTICLE VI The name and Fto Name: Address: | registered agent orida street address (P.O. Box NOT acceptable) of JONATAN ALVAREZ 20771 SW 79 PL MIAMI, FL 33189 | f the registered agent is: - |
| ARTICLE VII | INCORPORATOR | |
| The name and add | dress of the Incorporator is: | |
| Name: | JONATAN ALVAREZ | - |
| Address: | 20771 SW 79 PL MIAMI, FL 33189 | - |
| Having been nam this certificate, I a | ed as registered agent to accept service of process m familiar with and accept the appointment as reg | s for the above stated corporation at the place designated in eistered agent and agree to act in this capacity |
| , low | star Theres | 4(16(14 |
| | Required Signature/Registered Agent | Date |
| I submit this docu | nment and affirm that the facts stated herein are department of State constitutes a third degree felon Required Signature/Incorporator | true. I am aware that the false information submitted in a sy as provided for in s.817.155, F.S. \(\frac{16614}{Date} \) |