

P15000077701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

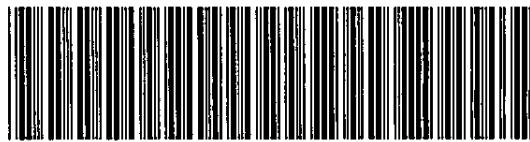
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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✓ 09/22/15

COVER LETTER

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

Wise Mobile Corp.

SUBJECT: _____
(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 \$78.75
Filing Fee Filing Fee
 & Certificate of Status

\$78.75 \$87.50
Filing Fee Filing Fee,
 & Certified Copy Certified Copy
 & Certificate of & Certificate of
 Status Status

ADDITIONAL COPY REQUIRED

Andrea Schmidt
FROM: _____
Name (Printed or typed)

10178 NW 41st Street

Address

Doral, FL 33178

City, State & Zip

305-753-1048

Daytime Telephone number

alexcorrea101@gmail.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 Wise Mobile Corp.

The name of the corporation shall be: _____

ARTICLE II. PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10178 NW 41st Street

Doral, FL 33178

ARTICLE III. PURPOSE

Repairing and selling phones, tablets, computers and notebooks.
The purpose for which the corporation is organized is: _____

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ARTICLE IV. SHARES 100

The number of shares of stock is: _____

ARTICLE V. INITIAL OFFICERS AND/OR DIRECTORS

Andrea Schmidt - President

Name and Title: _____ Name and Title: _____

10178 NW 41st Street

Address: _____ Address: _____

Doral, FL 33178

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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:

Andrea Schmidt
Name: _____
10178 NW 41st Street
Address: _____
Doral, FL 33178

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Andrea Schmidt
Name: _____
Doral, FL 33178
Address: _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Andrea Schmidt

Required Signature/Registered Agent

9/11/15

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 in s.817.155, F.S.

Andrea Schmidt

Required Signature/Incorporator

9/11/15

Date

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