

P 1160000037864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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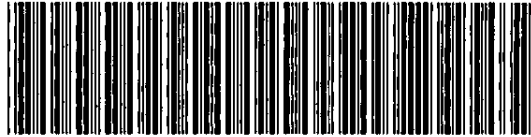
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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COVER LETTER

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

SUBJECT: WISE PRECISION SOLUTIONS INC

(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
 Status

ADDITIONAL COPY REQUIRED

FROM: JAMES A MARCZAK
Name (Printed or typed)
PO BOX 594
Address
RIVERVIEW, FL 33568
City, State & Zip
813-562-3188
Daytime Telephone number
WISEPRECISIONSOLUTIONS@OUTLOOK.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: WISE PRECISION SOLUTIONS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11807 AUTUMN CREEK DR

PO BOX 594

RIVERVIEW FL 33569

RIVERVIEW, FL 33568

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SERVICE AND REPAIR OF MANUFACTURING EQUIPMENT

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAMES A MARCZAK PRESIDENT

Name and Title:

Address PO BOX 594

Address:

RIVERVIEW, FL 33568

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE, FLORIDA

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: JAMES A MARCZAK _____

Address: 11807 AUTUMN CREEK DR _____

RIVERVIEW, FL 33569 _____

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: JAMES A MARCZAK _____

Address: PO BOX 594 _____

RIVERVIEW, FL 33568 _____

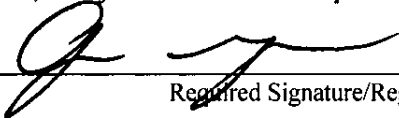
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: APRIL 20, 2016 (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

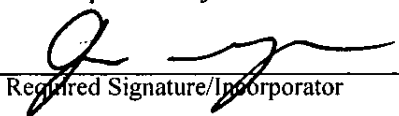


Registered Signature/Registered Agent

4-20-16

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.817.155, F.S.



Registered Signature/Incorporator

4-20-16

Date