

PH000008295

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17 JAN 26 AM 7:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Wright's Accounting and Tax Service, Inc. (Also DBA WISE, 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: Lester Wright

Name (Printed or typed)

2802 Grassmoor Loop

Address

Apopka, FL 32712

City, State & Zip

407-765-8999

Daytime Telephone number

lesterwright32@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

The name of the corporation shall be: Wright's Accounting and Tax Service, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2802 Grassmoor Loop Apopka, Florida 32712

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide accounting, tax, consulting and related business services
to businesses and individuals.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lester Wright, President/CEO

Name and Title: Jamila Josey, Secretary

Address 2802 Grassmoor Loop
Apopka, Fl 32712

Address: 2818 Cobblefield Circle
Apopka, Fl 32703

Name and Title: Landon Wright, Treasurer

Name and Title: _____

Address 2802 Grassmoor Loop
Apopka, Fl 32712

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: Lester Wright
Address: 2802 Grassmoor Loop
Apopka, FL 32712

ARTICLE VII INCORPORATOR

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

Name: Lester Wright
Address: 2802 Grassmoor Loop
Apopka, FL 32712

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

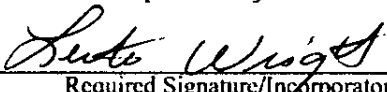


Required Signature/Registered Agent

10-12-16

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.



Required Signature/Incorporator

10-12-16

Date