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To:

Division of Corporations

Fax Number

: (859)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

<b>Email</b>	Address:	

## FLORIDA PROFIT/NON PROFIT CORPORATION WILL-TO-FORTUNE INC

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T. SCOTT

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October 11, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: WILL-TO-FORTUNE INC

REF: W17000080748

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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

Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H17000266714 Letter Number: 517A00020471

H17000266714

## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME:	The name of the corporation is:

•	NAME: The name of the corporation is:
·	Will - To - Fact to
	ARTICIEN PROME
	ARTICLE II PRINCIPAL OFFICE:
	The principal street address and mailing address is:
	113 NW 36 AVE
	Miami FL 33126
ΔDT	ICV
ടെല്	ICLE III SHARES: The number of shares of stock is: /00
	\A(i)\iq
	VIIIL VOZQUEZ (PRESIDENT)
ARTI	CLEV INITIAL REGISTERED AGENT AND STREET ADDRESS:
he nan	of the registered audiess (PO Box not acceptable) of the registered
	- vuzquez
1	115 NW 54 DVP
	Michai
	FL 33126
TICL	EVI INCORPORATOR: The pare and 1)
	EVI INCORPORATOR: The name and address of the Incorporator is:  WILLE VAZQUEZ
	115 NW
	33126

H17000266714

## Required Signatures:

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 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.817.155, F.S.

Incorporator Date

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