

PI800062605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

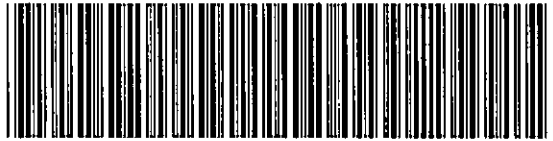
Special Instructions to Filing Officer:

Office Use Only

W1800057261

JUL 18 2018

T. SCOTT



100314496391

06/18/18--01010--006 **78.75

2018 JUL 16 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 28, 2018

ROSE WHITE
5208 SECRETARIAT RUN
BROOKSVILLE, FL 34609

SUBJECT: WISECHOICES, INC.
Ref. Number: W18000057261

RECEIVED
2018 JUL 16 PM 12:28
DIVISION OF CORPORATIONS
COMMERCIAL
REGISTRATION SERVICES

We have received your document for WISECHOICES, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation.

One or more major words may be added to make the name distinguishable.

Please return the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 518A00012826

COVER LETTER

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

SUBJECT: Wise Business CHOICES, 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: Rose White

Name (Printed or typed)

5208 Secretariat Run

Address

Brooksville, FL 34609

City, State & Zip

(352) 593-0471

Daytime Telephone number

wisechoicesincorporated@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: Wise Business CHOICES, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

c/o Rose White

5208 Secretariat Run

Brooksville, FL 34609

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: financial services, business consulting and credit repair services

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rose White, President

Address: 5208 Secretariat Run

Brooksville, FL 34609

Name and Title: John L. Brown, Treasurer

Address: 5208 Secretariat Run

Brooksville, FL 34609

Name and Title: Thomas C. White III, Secretary

Address: 5208 Secretariat Run

Brooksville, FL 34609

Name and Title: Barbara Baker, V. President

Address: 1769 Mt. Carmel Church Road

Reidsville, NC 27320

Name and Title: Jearlyn Dennie, Director

Address: P.O. Box 793

Flagler Beach, FL

Name and Title: _____

Address: _____

FILED
2010 JUL 16 PM 4:29
SECRETARY OF STATE
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: Rose White

Address: 5208 Secretariat Run

Brooksville, FL 34609

ARTICLE VII INCORPORATOR

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

Name: Rose White

Address: 5208 Secretariat Run

Brooksville, FL 34609

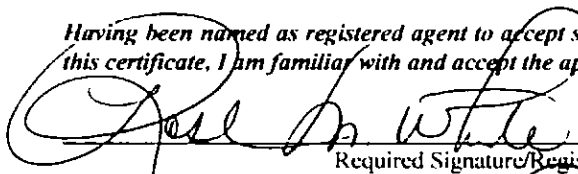
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 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

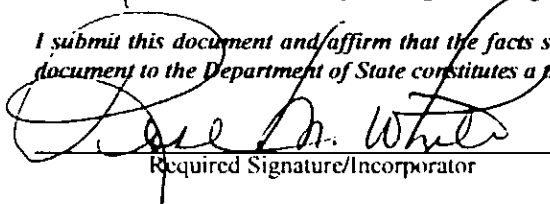


Required Signature/Registered Agent

06/14/2018

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

06/14/2018

Date