

P200000000041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

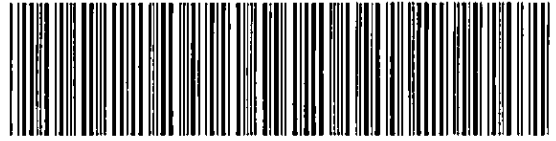
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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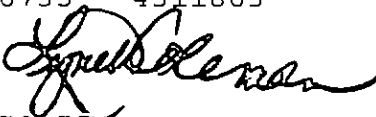
2018 DEC 30 PM 12:16  
SECRETARY OF STATE  
TALLAHASSEE, FL

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2018 DEC 30 PM 12:02

Ne 12/30/18

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 116735 4311863  
AUTHORIZATION :   
COST LIMIT : \$ 78.75

ORDER DATE : December 30, 2019  
ORDER TIME : 10:29 AM  
ORDER NO. : 116735-005  
CUSTOMER NO: 4311863

DOMESTIC FILING

NAME: PTC WIZARD INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
       ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
XX        CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

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

**SUBJECT:** PTC Wizard 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  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

**FROM:** Carol Buckalew, Paralegal., Blank Rome LLP

Name (Printed or typed)

One Logan Square, FL 3

Address

Philadelphia, PA 19103

City, State & Zip

(215) 988-6985

Daytime Telephone number

Buckalew@blankrome.com

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

2019 DEC 30 PM 12:16

ARTICLE I NAME

The name of the corporation shall be: PTC Wizard Inc.

SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

20968 Verano Way  
Boca Raton, FL 33433

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: \_\_\_\_\_

The corporation is authorized to engage in any business or activity that may be engaged in by business corporation under the Florida Business Corporation Act.

ARTICLE IV SHARES

The number of shares of stock is: 200 shares of Common Stock, \$.01 par value per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Shammai Ellman, Director, President,  
Name and Title: Secretary and Treasurer Name and Title: \_\_\_\_\_

Address: 20968 Verano Way Address: \_\_\_\_\_  
Boca Raton, FL 33433  
\_\_\_\_\_  
\_\_\_\_\_

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:

Name: Shammai Ellman  
 Address: 20968 Verano Way  
Boca Raton, FL 33433

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 TALLAHASSEE, FL

**ARTICLE VII INCORPORATOR**

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

Name: Shammai Ellman  
 Address: 20968 Verano Way  
Boca Raton, FL 33433


**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*

  
 \_\_\_\_\_  
 Shammai Ellman Required Signature/Registered Agent 11/26/2019  
\_\_\_\_\_ 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 11/26/2019  
\_\_\_\_\_ Date  
 Shammai Ellman