P2000000041

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



900338544329

2018 DEC 30 PM 12: 16

19 PER DA 164 2:02

ne, 120

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500
ACCOUNT NO. : I2000000195
REFERENCE : 116735 4311863
AUTHORIZATION: Spelle Renov
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:

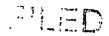
COVER LETTER

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

SUBJECT: PTC Wi	zard Inc.		
Sobsect.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d 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
		ADDITIONAL CO	PY REQUIRED
FROM:	rol Buckalew, Paralegal., Blank Ron Name	ne LLP e (Printed or typed)	
One	Logan Square, FL 3		
		Address	
Phil	adelphia, PA 19103		
	City.	State & Zip	
(21)	5) 988-6985		
	Daytime 1	elephone number	
Buc	kalew@blankrome.com		

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

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



ARTICLES OF INCORPORATION

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

2019 DEC 30 PM 12: 16

Principal street address Mailing address, if different is: 20068 Verano Way 30ca Raton, FL 33433 IRTICLE IV SHARES The purpose for which the corporation is organized is: IRTICLE IV SHARES The number of shares of stock is: 200 shares of Common Stock, S.01 par value per share RTICLE V INITIAL OFFICERS AND/OR DIRECTORS Shammai Ellman, Director, President, Name and Title: Address Boca Raton, FL 33433 Name and Title: Address Name and Title: Address Name and Title: Address Name and Title:	he name of the corpora	PTC Wizard Inc.	SECTRYAL MOR STA
Principal street address Mailing address, if different is: 0968 Verano Way Doca Raton, FL 33433 ***RTICLE III ***PURPOSE*** 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. **RTICLE IV ** SHARES** The number of shares of stock is: 200 shares of Common Stock, \$.01 par value per share he number of shares of stock is: **Shammai Eliman, Director, President, Name and Title:	·		SECTETALY OF STA TILLA MOSSEE, FI
RTICLE IV SHARES 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. RTICLE IV SHARES The number of shares of stock is: RTICLE V INITIAL OFFICERS AND/OR DIRECTORS Shammai Ellman, Director, President, Name and Title: Address 20968 Verano Way Boca Raton, FL 33433 Name and Title: Address Name and Title: Address Name and Title: Address Name and Title:	KITCELII TKING		
RTICLE IV 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. RTICLE IV SHARES the number of shares of stock is: 200 shares of Common Stock, \$.01 par value per share the number of shares of stock is: RTICLE V INITIAL OFFICERS AND/OR DIRECTORS Shammai Ellman, Director, President, Name and Title: Secretary and Treasurer Address 20968 Verano Way Boca Raton, FL 33433 Name and Title: Address Name and Title: Address Name and Title:	0968 Verano Way		
he purpose for which the corporation is organized is:	Soca Raton, FL 33433		
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. RTICLE IV SHARES 200 shares of Common Stock, \$.01 par value per share			
RTICLE IV SHARES he number of shares of stock is: RTICLE V INITIAL OFFICERS AND/OR DIRECTORS Shammai Ellman, Director, President, Name and Title: Address Boca Raton, FL 33433 Name and Title: Address Name and Title: Address Name and Title:			
IRTICLE IV SHARES the number of shares of stock is: IRTICLE V INITIAL OFFICERS AND/OR DIRECTORS Shammai Ellman, Director. President, Name and Title: Address 20968 Verano Way Address: Boca Raton, FL 33433 Name and Title: Address Address Address: Name and Title:	he Florida Business Co	orporation Act.	
he number of shares of stock is: RTICLE V			
he number of shares of stock is: RTICLE V			
Name and Title:			
he number of shares of stock is: RTICLE V			
he number of shares of stock is:			
he number of shares of stock is: RTICLE V			
he number of shares of stock is: RTICLE V		· ·	
Name and Title: Name and T			
Name and Title: Name and T			ock. \$.01 par value per share
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: Name and Title: Na	he number of shares of		
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: Name and Title: Na			
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: Name and Title: Na	RTICLE V INITIA	L OFFICERS AND/OR DIRECTO	<u>DRS</u>
Address Boca Raton, FL 33433 Name and Title: Address Name and Title:			
Name and Title: Name and Title: Address Name and Title: Name and Title: Name and Title:	Name and Title	: Secretary and Treasurer	Name and Title:
Name and Title: Address Address: Name and Title: Name and Title: Name and Title:	Address	20968 Verano Way	Address:
Address: Name and Title: Name and Title:		Boca Raton, FL 33433	
Address Address: Name and Title: Name and Title:			
Address: Address: Name and Title: Name and Title:			
Address Address: Name and Title: Name and Title:			
Name and Title:Name and Title:	Name and Title:		Name and Title:
Name and Title: Name and Title:	Addrace		Address
Name and Title: Name and Title:	Address		Address:
			
Address Address:	Name and Title:		Name and Title:
Address Address:			A.11
· · · · · · · · · · · · · · · · · · ·	Address		Address:

Name a	and Title:	Name and Title:		
Address		Address:		
				
				
<u>ARTICLE VI</u>				
The <u>name and</u>	Florida street address (P.O. Box NOT acce Shammai Ellman	eptable) of the registered agent is:		
Name:	····			
Address:	20968 Verano Way		<i>'</i> 0	22
	Boca Raton, FL 33433		10.	2018 DEC 30
				EC.
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		, ,,	
The <u>name and</u>	address of the Incorporator is:		11 -11	21 Hd
Name:	Shammai Ellman		E SMI	**************************************
Address:	20968 Verano Way			9
	Boca Raton, FL 33433			
ARTICLE VIII	EFFECTIVE DATE:			
Effective date, i	if other than the date of filing:	. (OPTION	AL)	
(11 an enective filing.)	date is listed, the date must be specific ar	ia cannot be more than five days	s prior or 90 days after the	e
	te inserted in this block does not meet the ap effective date on the Department of State's		ents, this date will not be lis	ted as
	amed as registered agent to accept service of I am familiar with and accept the appointment			nated in
	There Illen		11/26/2019	
Shammai Ellman Required Signature/Registered Agent		gent	Date	
	ocument and affirm that the facts stated he Department of State constitutes a third deg			ted in a
-/	Traine Cler		11/26/2019	
Requ	uired Signature/Incorporator Shammai	Ellman	Date	