**Division of Corporations Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000369938 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

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

Ema i	1 Δ	ddre	86	•
сша т	T V	uure	30	i

FLORIDA PROFIT/NON PROFIT CORPORATION WSIA HOLDINGS, INC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

CJ FASON

OCT 26 2020

10/23/20, 4:49 F



## ARTICLES OF INCORPORATION

## **OF**

## WSIA HOLDINGS, INC.

## ARTICLE I.

The name of this Corporation is WSIA Holdings, Inc. (the "Corporation").

# ARTICLE II.

The street and mailing address of the principal office of the Corporation is: 6549 N Wickham Rd Unit 101, Melbourne, FL 32940.

### ARTICLE III.

The total number of shares of stock the Corporation is authorized to issue is 10,000 shares with no par value.

## ARTICLE IV.

Its registered office in the state of Florida is to be located at 6549 N Wickham Rd Unit 101, in the City of Melbourne, County of Brevard, Zip Code 32940. The registered agent in charge thereof is Joseph Stazzone.

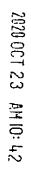
#### ARTICLE V.

The name and mailing address of the sole incorporator is as follows:

Name: Vincent Stazzone

Mailing Address: 6549 N Wickham Rd Unit 101, Melbourne, Florida

Zip Code: 32940



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.

BY: Vincent Stazzone (Registered Agent)

NAME: Vincent Stazzone

DATE: 10/23/2020

(type or print)

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 Florida Department of State constitutes a third degree felony as provided for in Fla. Stat. § 817.155.

BY: Vincent Starrons (Incorporator)

NAME: Vincent Stazzone O

DATE: 10/23/2020

(type or print)

2020 OCT 23 AM IO: 4