

Florida Department of State  
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.

((H20000422160 3)))



H200004221603ABCR

**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 : GM FINANCIAL GROUP LIMITED, INC.  
Account Number : I19980000102  
Phone : (954)428-8899  
Fax Number : (954)428-6699

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

Email Address: EANTICOL22@GMAIL.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION  
PEACHY WONDERLAND INC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

**D O'KEEFE**

DEC 11 2020

**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: PEACHY WONDERLAND INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address  
850 NW 86th Avenue Apt 515  
Plantation, FL 33324Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Freelance Writer  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Emily Nicol, Pres.

Name and Title: \_\_\_\_\_

Address - 850 NW 86<sup>TH</sup> Avenue Apt 515 Address: \_\_\_\_\_- Plantation, FL 33324 - \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
20 DEC 10 PM 7:51  
SOLICITOR GENERAL  
PALM BEACH, 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: Emily NicolAddress: 850 NW 86<sup>TH</sup> Avenue Apt 515Plantation, FL 33324**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Emily NicolAddress: 850 NW 86<sup>TH</sup> Avenue Apt 515Plantation, FL 33324**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*Emily Nicol

Required Signature/Registered Agent

12/4/2020

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.*Emily Nicol

Required Signature/Incorporator

12/4/2020

Date

FALLAISSIE, FLORIDA

20 DEC 10 PM 7:51

FILED