

P24000053882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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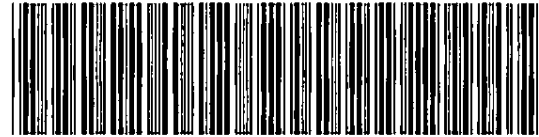
(Business Entity Name)

(Document Number)

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

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SEATTLE  
FALLAPASS, FLORIDA

D O'KEEFE

JUN 05 2021

**FLORIDA PROFIT BENEFIT CORPORATION**  
**COVER LETTER**

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

SUBJECT: Wow Innovation Corporation  
(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: LEON GOMEZ  
Name (Printed or typed)

200 Leslie Drive, Apt. 709  
Address

Hallandale Beach, FL 33009  
City, State & Zip

305-778-6785  
Daytime Telephone number

leon@mycircles.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 FOR FLORIDA PROFIT BENEFIT CORPORATION**

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

**ARTICLE I NAME**

The name of the benefit corporation shall be:

Wow Innovation Corporation

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

18901 West Dixie Highway  
#630342  
Miami, FL 33163

Mailing address, if different is:

**ARTICLE III BENEFIT STATEMENT AND BUSINESS PURPOSE**

The corporation elects to be a benefit corporation in accordance with s. 607.603, F.S.

The purpose for which the corporation is organized is to create a general public benefit and:

Any and all lawful business.

The general and/or specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):

To Provide assistance with EdTech Analytics.

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TALLAHASSEE, FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is:

1,000,000

**ARTICLE V INITIAL OFFICERS, DIRECTORS, BENEFIT DIRECTOR AND BENEFIT OFFICER (if Applicable)**

Name and Title:

LEON GOMEZ - Founder

Name and Title:

Address

200 Leslie Drive  
Apt 709  
Hollandale Beach, FL 33009

Address:

Name and Title:

Name and Title:

Address

Address:

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

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

If applicable, BENEFIT DIRECTOR:

If applicable, BENEFIT OFFICER:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

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

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: LEON GOMEZ  
Address: 200 Leslie Drive, Apt. 709  
Hallandale Beach, FL 33009

**ARTICLE VII INCORPORATOR**

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

Name: LEON GOMEZ  
Address: 200 Leslie Drive, Apt. 709  
Hallandale Beach, FL 33009

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TALLAHASSEE, FLORIDA

**ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:**

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

05-11-2021  
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

05-11-2021  
Date