

P220000059655

(Requestor's Name)

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(City/State/Zip/Phone #)

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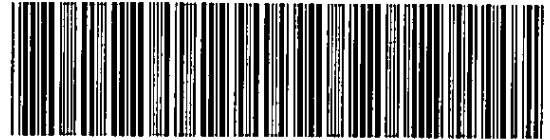
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: 7 Wonders of You, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Darnell Davis
Name (Printed or typed)

3469 W. Boynton Beach Blvd. Ste 2 PMB 1138
Address

Boynton Beach, FL 33436-4639
City, State & Zip

(917) 676-4250
Daytime Telephone number

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

dreamawakegogo@gmail.com

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

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: 7 Wonders of You, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3469 W. Boynton Beach Blvd. ste 2 PMB 1138
Boynton Beach FL 33436-4639

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: management

ARTICLE IV SHARES

The number of shares of stock is: 25,000 of common stock of no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Darnell Davis - director Name and Title: Darnell Davis - CEO

Address: 3469 W. Boynton Beach Blvd Address: 3469 W. Boynton Beach Blvd
Ste 2 PMB 1138 Ste 2 PMB 1138
Boynton Beach, FL 33436-4639 Boynton Beach, FL 33436-4639

Name and Title: Darnell Davis - CFO Name and Title:

Address: 3469 W. Boynton Beach Blvd. Address:
Ste 2 PMB 1138
Boynton Beach, FL 33436-4639

Name and Title: Name and Title:

Address: Address:

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SECRETARY OF STATE
TALLAHASSEE, 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: Darnell Davis
 Address: 3469 W. Baynton Beach Blvd Ste 2 PMB 1138
Baynton Beach FL 33436-4639

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Darnell Davis
 Address: 3469 W. Baynton Beach Blvd Ste 2 PMB 1138
Baynton Beach FL 33436-4639

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

[Signature]
 Required Signature/Registered Agent

7/14/2022
 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.

[Signature]
 Required Signature/Incorporator

7/14/2022
 Date

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 TALLAHASSEE, FLORIDA