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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

23 FEB 07 PM 1:09

FLORIDA PROFIT/NON PROFIT CORPORATION
WIDE ANGEL 2 INC

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

12:33:21 PM 2/7/23

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Help

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: WIDE ANGEL 2 INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

618 SW 19 RD MIAMI, FL 33129

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANTOINE KOCI (P)

Name and Title: _____

Address 618 SW 19 RD

Address: _____

MIAMI, FL 33129

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

28 FEB 07 PM 1:09
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: ANTOINE KOCI
Address: 618 SW 19 RD
MIAMI, FL 33129

ARTICLE VII INCORPORATOR

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

Name: ANTOINE KOCI
Address: 618 SW 19 RD
MIAMI, FL 33129

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 used 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 on this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

/s/ Antoine Koci
Required Signature/Registered Agent

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SECRETARY OF STATE
FLORIDA
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.

/s/ Antoine Koci
Required Signature/Incorporator

Date _____