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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : FLORIDA ACCOUNTING & BUSINESS CONSULTING
Account Number : I20200000185
Phone : (754)200-4294
Fax Number : (844)254-4044

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SECRETARY OF STATE
TALLAHASSEE, FL

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
CHARWIS CORP

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

CHARWIS CORP

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

2764 DAVIE BLVD

FORT LAUDERDALE FL 33312

ARTICLE III SHARES: The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

WISNICK CHARMANT (PRESIDENT)

SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

WISNICK CHARMANT

2764 DAVIE BLVD

FORT LAUDERDALE FL 33312

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

WISNICK CHARMANT

2764 DAVIE BLVD

FORT LAUDERDALE FL 33312

Required Signatures:

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

WISNICK CHARMANT

05/11/2023

Registered Agent_____
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.

WISNICK CHARMANT

05/11/2023

Incorporator_____
Date

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