10/20/23: 1:43 PMP

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.

(((H23000367415 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

52

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : GAEL SERVICES CORP

Account Number : 120230000060 Phone : (305)903-7797

Fax Number

: (786)615-3110

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

FLORIDA PROFIT/NON PROFIT CORPORATION

Wealthy Mind Endeavors Inc

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

	Mailing address, if different is:		is:		
_	·				
					
	~				
				·	-
~					
	Title:				
ime and				-	
ime and idress:	_				
ime and					
idress:	 Title:				202
idress:	 Title:			Jack Committee of the C	2023 OCT
idress: me and	 Title:			LAHAS	2023 OCT 20
me and	_ 				=======================================
idress: me and	_ 			LIVENSE V	
idres: me ai	nd		nd Title:		3: P

Name and Title:	Name and Title:	
Address	Acdress:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Bo	ox NOT acceptable) of the registered agent is:	
// ~ /	guez	<i>ب</i> ا
Address: 11202 Nw 8	3 RD Store	ES T
MIaMI El 3	3/78	BILL EN
ARTICLE VII INCORPORATOR		M 9: 05
The name and address of the incorporator is:		e e
Name: Angly5 Rodo	194ez	图 8
Address: 11207 NW 1	33 RO Stocet	انا
HAMIFT 3	3178	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	10/17/2023 (OPTIONAL	
	e specific and cannot be more than five days	prior or 90 days after the
Note: If the date inserted in this block does no the document's effective date on the Departme	t meet the applicable statutory filing requiremen	ats, this date will not be listed as
·		
Having been named as registered agent to accept certificate, I am familiar with and accept the ap	nt service of process for the above stated corporat pointment as registered agent and agree to act in	ion at the place designated in this this capacity
AV,		10/17/2023
Required Signature/F	legistered Agent	Date Date
I submit this document and affirm that the fa- locument to the Department of State constitute.	cts stated herein are true. I am aware that the j s a third degree felony as provided for in s.817.15	false information submitted in a
Regulated Signature/Incorporator		Pate 10/17/2023

.

. -