

A 24000001899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

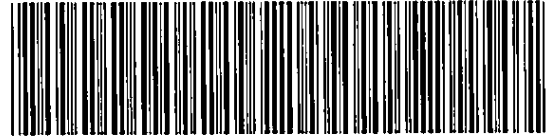
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900420973129

RECEIVED

2024 JAN -3 AM 11:23

2024

DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

0:51



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations
From: Eyliena Baker
Ext: 61594
Date: 01/03/24
Order #: 1382111-1
Re: Wizard Business Florida Inc.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$70.00 - FL State Account Number:
120000000195

A handwritten signature in cursive script, likely of the sender, Eyliena Baker.

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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: WIZARD BUSINESS FLORIDA INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

40 SW 13th Street
Suite 802

40 SW 13th Street
Suite 802

Miami, FL, 33130

Miami, FL, 33130

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful purpose

ARTICLE IV SHARES

The number of shares of stock is: 1,000 shares of \$1.00 par value each share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark Anthony Fraiha Hastings, D Name and Title:

Address 40 SW 13th Street Address:
Suite 802
Miami, FL, 33130

Name and Title: Arthur Fraiha Hastings, D Name and Title:

Address 40 SW 13th Street Address:
Suite 802
Miami, FL, 33130

Name and Title: Name and Title:

Address Address:

2014
0:57

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: DYMAX INTERNATIONAL SERVICES INC.

Address: 40 SW 13th Street, Suite 802

Miami, FL, 33130

ARTICLE VII INCORPORATOR

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

Name: Mark Anthony Fraiha Hastings

Address: 40 SW 13th Street, Suite 802

Miami, FL, 33130

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



Required Signature/Registered Agent

1/2/2024

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

1/2/2024

Date

2024
1
1
0
5
1