

P240000008549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

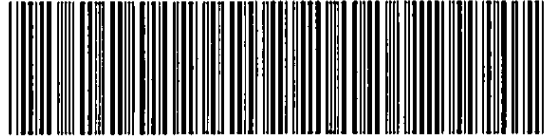
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Certificates of Status \_\_\_\_\_

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SECRET  
TALLAHASSEE  
FLORIDA

## COVER LETTER

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

SUBJECT: FINANCIAL INSIGHT PARTNERS, 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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

FROM: CHARLES WIELAND  
Name (Printed or typed)

6871 FAMAGST LANE  
Address

Boynton Beach, FL 33437  
City, State & Zip

954-461-6295  
Daytime Telephone number

CEWIELAND@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

**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: FINANCIAL INSIGHT PARTNERS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

6871 FARRAGUT LANE

Mailing address, if different is:

SAME

Boynton Beach, FL 33437

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSULTING SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHARLES WIELAND, President

Name and Title: \_\_\_\_\_

Address 6871 FARRAGUT LANE

Address: \_\_\_\_\_

Boynton Beach, FL 33437

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
2020 JAN -3 PM 5:07  
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: CHARLES WIELAND  
Address: 6871 FARAGUT LANE  
BOYNTON BEACH, FL 33437

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CHARLES WIELAND  
Address: 6871 FARAGUT LANE  
BOYNTON BEACH, FL 33437

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TALLAHASSEE, FLORIDA

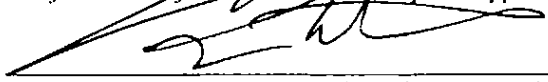
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 12/27/2023 (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

12/29/2023  
\_\_\_\_\_  
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

12/29/2023  
\_\_\_\_\_  
Date

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

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BOYNTON BEACH, FL 33437

Mailing address, if different is:

SAME

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHARLES WIELAND, President

Name and Title: \_\_\_\_\_

Address 6871 FARRAGUT LANE  
BOYNTON BEACH, FL 33437

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Name: CHARLES WIELAND

Address: 6871 FARAGUT LANE

BOYNTON BEACH, FL 33437

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CHARLES WIELAND

Address: 6871 FARAGUT LANE

BOYNTON BEACH, FL 33437

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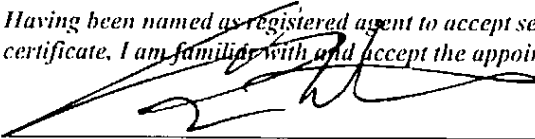
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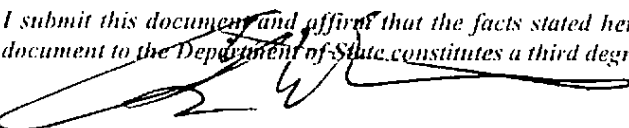


Required Signature/Registered Agent

12/29/2023

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

12/29/2023

Date