

8/27/24, 10:36 AM

Division of Corporations

HH
8-29-24

Florida Department of State
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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
PC WIZARD IT CONSULTING CORP.

Please honor original
submission date of
8/27/2024. Thanks!

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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850-817-8381

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August 28, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MICHAEL BIRMAN
66 WOLF CREEK CRES.
MAPLE, ON L6A-4B7CA

SUBJECT: PC WIZARD IT CONSULTING CORP.
REF: W24000122365

We have received your document for PC WIZARD IT CONSULTING CORP. .
However, the enclosed document has not been filed and is being returned to
you for the following reason(s):

The complete document was not received. Please refax the complete
document, including the electronic filing cover sheet.

Please return your document, along with a copy of this letter, within 60
days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please
call (850) 245-6052.

Monique K Anderson
Regulatory Specialist II

FAX Aud. #: E24000286527
Letter Number: 824A00019337

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COVER LETTER

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

SUBJECT: PC WIZARD IT CONSULTING CORP.
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: MICHAEL BIRMAN
Name (Printed or typed)

66 WOLF CREEK CRES.,
Address

MAPLE, ON, CANADA L6A 4B7
City, State & Zip

416-731-1012
Daytime Telephone number

info@taxonweb.ca, mbirman@eyeseverywhere.ca
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: PC WIZARD IT CONSULTING CORP.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address66 WOLF CREEK CRES.,MAPLE, ON, CANADA L6A 4B7

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: IT CONSULTING/TECH SUPPORT**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MICHAEL BIRMAN - DIRECTORName and Title: MICHAEL BIRMAN - PRESIDENTAddress 66 WOLF CREEK CRES.,Address: 66 WOLF CREEK CRES.,MAPLE, ON, CANADA L6A 4B7MAPLE, ON, CANADA L6A 4B7

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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DIVISION OF CORPORATE
REGISTRATION
TALLAHASSEE, FLORIDA

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: CAPITOL CORPORATE SERVICES, INC.Address: 515 EAST PARK AVENUE 2ND FL
TALLAHASSEE FL 32301**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: MICHAEL BIRMANAddress: 66 WOLF CREEK CRES.,
MAPLE, ON, CANADA L6A 4B7**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**Kim Tadlock* Kim Tadlock, Asst. Secretary on behalf of
Capitol Corporate Services, Inc.
Required Signature/Registered Agent08/27/2024

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.*Signed by
Michael Birman
Required Signature/Incorporator8/26/2024 | 9:09:01 PM PDT

Date

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TALLAHASSEE
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