P48000031701

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

000002478880--4 -04/03/98--01118--014 ****157.50 ******78.75

SUBJECT:	WONDERS	Inc
	(Proposed corporate name - must include suffix)	

Enclosed is an original	l and one(1) copy of the articles	of incorporation and a	check for :	······································	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	□ \$131.25 Filing Fee, Certified Copy & Certificate		
		ADDITIONAL CO	PY REQUIRED		
FROM: _		JPVIKE inted or typed)	·	DIVISIO 98 I	
	Name (Printed or typed) 1682 SE SCASHORE LN.				
	Port St. Li	ddress CIE FC State & Zip	34983	OF STATE ONS OR AM 10: 04	
	561-9 Daytime Te	71. 712 9		.	

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

47.33

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.



ARTICLE I NAME

The name of the corporation shall be:

WONDERS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1682 SE SEASHORE LN., PORT St. Lucie, FC 34983

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

StEVEN K. Updike 1682 SE SEASHORE LN Port St. Lucie, FC 34983

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Steven K. Updike 1682 SE SEASHORE Lu.

Port St. Lucie, FC 34983

Signatura/Imparmamatan

5-51-7

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

Date