P99000029901

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 400002821524--8 -03/29/99--01070--015 ******78.75 ******78.75

SUBJECT:

WIZARD AUTOMOTIVE PRODUCTS, INC.

(Proposed corporate name - must include suffix)

Enclosed is 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

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:	WIZARD	AUTOMOTIVE	PRODUCTS.	INC.	
		Name (Printed or typed)		

1934 ORLEANS DRIVE, SUITE F

Address

INDIALANTIC, FL 32903

City, State & Zip

407-777-5456

Daytime Telephone number

99 HMR 29 AM 9: 38
DIVERSE FLORIDA

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

of WI

ARTICLES OF INCORPORATION

The undersigned incorporator, f	or the purpose of forming	a corporation under the	Florida
Business Corporation Act, herel			

Al	RTIC	LE I	NAME

The name of the corporation shall be:

WIZARD AUTOMOTIVE PRODUCTS, INC.

ARTICLE II PRINCIPAL OFFICE

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

1934 ORLEANS DRIVE, SUITE F INDIALANTIC, FL 32903

ARTICLE III SHARES

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

100

<u>INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

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

BRUCE WEINTRAUB

1934 ORLEANS DRIVE, SUITE F

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

BRUCE WEINTRAUB

1934 ORLEANS DRIVE, SUITE F

INDIALANTIC, FL 32903

Signature/Incorporator

(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

03-23-99