(Requestor's Name)	<u> </u>		
(Address)			
(Address)			
(City/State/Zip/Phone #	f)		
PICK-UP WAIT	MAIL		
(Business Entity Name)		
(Document Number)			
Certified Copies Certificates o	f Status		
Special Instructions to Filing Officer:			

Office Use Only



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When you need ACCESS to the world

CORPORATE

ACCESS,

236 East 6th Avenue. Tallahassee, Florida 32303

INC. P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-2666

		V	VALK IN		
	PICK U	Л Р :	1/29/25 GLINDA		
□ xx	CERTIFIED COPY PHOTOCOPY			2025 JAN 29 M	
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ХХ	FILING	ART	CICLES		
	WEDGE GAME GROUP, (CORPORATE NAME AND DOCUM				
	(CORPORATE NAME AND DOCUM	JENT#)		 	<u> </u>
	(CORPORATE NAME AND DOCÚM	MENT#)	· · · · · · · · · · · · · · · · · · ·		
,	(CORPORATE NAME AND DOCUM	JENT #)			
	(CORPORATE NAME AND DOCUM	JENT#)			
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PECIAI	L INSTRUCTIONS:				
					

COVER LETTER

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

A Company of the Company

SUBJECT: Wedge	e Game Group, Inc.		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	l a check for:
☑ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	S87.50 ASS Certified Copy & Certificate C
		ADDITIONAL CO	PPY REQUIRED
		e (Printed or typed)	
300	03 Tamiami Trail N., Suite 400	Address	
Na	ples, FL 34103	ridatess	
		State & Zip	
239	9-234-5034		
	Daytime 1	elephone number	-
bria	n@wedgegame.com		
	E-mail address: (to be use	d for future annual report n	otification)

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)

	oration shall be: Wedge Game Group		
	Principal street address	Mailing a	ddress, if different is:
Suite 180	<u>.</u>		
Fort Myers, FL 3	3912		
ARTICLE III PUI	<u>RPOSE</u>	t all lau & il accompans	
The purpose for whi	ch the corporation is organized is: any and	r all rawful purposes.	<u></u>
	 		
<u></u> -			
			20
			2025 J/N
			29 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
ARTICLE IV SH.	<u>4RES</u> s of stock is: 100,000		AM 9: SEE, FL
The number of shares	GOT STOCK IS:		AM 9: 47 SEE, FL
ARTICLE V INI	TIAL OFFICERS AND/OR DIRECTORS		7. 7
Name and T	itle: Brian Johnson, CEO	Name and Title:	
Address	16150 Lee Road	Address:	
	Suite 180		
	Fort Myers, FL 33912		
Name and Ti	tle:	Name and Title:	
Address		Address:	
			·
Name and Ti	tle:	Name and Title:	
Address		Address:	

Name a	and Title:	Name and Title:			
Addre	ss	Address:			
					-
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of	the registered agent is:			
Name:	Brian Johnson				
Address:	16150 Lee Road, Suite 180	_			
	Fort Myers, FL 33912	_			
<u>ARTICLE VII</u>	INCORPORATOR		ALLAHASSEE, F	2025 JAN	U
The name and a	address of the Incorporator is:		. À.H.	\sim	: ===== : ====== : ====================
Name:	Tyler Johnson		4SS	9 Ĥ	<u> </u>
Address:	3003 Tamiami Trail N., Suite 400		E C	图 9	
	Naples, FL 34103		F 5	9: l ,7	
Effective date, i (If an effective filing.)	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and canno e inserted in this block does not meet the applicable	t be more than five days pri	·		
the document's	effective date on the Department of State's records.	statutory titing requirements.	, this date will	not be ii	sted as
Having been nat certificate, I am	med us registered agent to accept service of process for familiar with and accept the appointment as registered by:	r the above stated corporation ed agent and agree to act in th	n at the place d his capacity	esignate	d in this
			1/28/2025		
	Required Signature/Registered Agent			ate	
I submit this do document to the	cument and affirm that the facts stated herein are t Department of State constitutes a third degree felony	true. I am aware that the ful as provided for in s.817.155,	lse informatioi . F.S.	ı submü	ted in a
_	Lines OR		1/28/	25	
Required Signat	ure/Incorporator	Dat	:e <u> </u>		