STATE OF SOUTH CAROLINA
SECRETARY OF STATE

ARTICLES OF INCORPORATION

TYPE OR PRINT CLEARLY IN BLACK INK

1. The name of the proposed corporation is WXYZ Services, Inc

2. The initial registered office of the corporation is 1234 Main Street
Street Address

Charleston	Charleston	South Carolina	29464
City	County	State	Zip Code

and the initial registered agent at such address is John Doe
Print Name

I hereby consent to the appointment as registered agent of the corporation:

_____
Agent's Signature
John Doe

3. The corporation is authorized to issue shares of stock as follows. Complete "a" or "b", whichever is applicable:

a. ☑ The corporation is authorized to issue a single class of shares, the total number of shares authorized is 1,000.

b. ☐ The corporation is authorized to issue more that one class of shares:

Class of Shares	Authorized No. of Each Class

The relative right, preference, and limitations of the shares of each class, and of each series within a class, are as follows:

4. The existence of the corporation shall begin as of the filing date with the Secretary of State unless a delayed date is indicated (See Section 33-1-230(b) of the 1976 South Carolina Code of Laws, as amended) _____

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WXYZ Services, Inc
Name of Corporation

5. The optional provisions, which the corporation elects to include in the articles of incorporation, are as follows (See the applicable provisions of Sections 33-2-102, 35-2-105, and 35-2-221 of the 1976 South Carolina Code of Laws, as amended).

6. The name, address, and signature of each incorporator is as follows (only one is required):

a. John Doe
Name

1234 Main Street, Charleston, SC 29646
Address

Signature

b. _____
Name

Address

Signature

c. _____
Name

Address

Signature

7. I, _____, an attorney licensed to practice in the state of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements of Chapter 2, Title 33 of the 1976 South Carolina Code of Laws, as amended, relating to the articles of incorporation.

Date _____

Signature

Type or Print Name

Address

Telephone Number

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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

INITIAL ANNUAL REPORT OF CORPORATIONS

CL-1
(Rev. 7/24/07)
3134

Office Use Only

▶ File Number _____ ▶ ENDING PERIOD _____ SID Number _____
Month Year

For Secretary of State Use Only

Date "Application for Charter" filed with Secretary of State _____
Date of "Request for authority to do business in this state" (Foreign Corp.) _____
FED EI Number To be applied for Business Code _____
(Office Use Only)

NAME OF CORPORATION
CorpName

PHYSICAL ADDRESS OF HEADQUARTERS (NUMBER AND STREET)			MAILING ADDRESS FOR TAX CORRESPONDENCE	
Bizstreetaddress			Bizstreetaddress	
CITY AND STATE	ZIP	COUNTY	CITY AND STATE	ZIP
BizCity, BizState		BizCounty	BizCity, BizState	

1. State of incorporation: South Carolina 2. Indicate month corporation closes its books: Fiscal Year End Month
3. Nature of principal business in SC: BizAct.
4. Location of registered office of the corporation in the state of SC is in the city of RACity.
Registered agent at such address is RAName.
5. Location of principal office in SC (street, city, zip and county): BizAddress
6. Date business commenced in SC: Upon Incorporation Telephone # Phone#
7. If a professional corporation, are all shareholders, one-half of the directors (or individuals functioning as directors) and all officers (other than the secretary and treasurer) qualified to practice the professional services engaged in by the corporation?
8. The names and business addresses of the directors (or individuals functioning as directors) and principal officers in the corporation are:

SSN	Name/Title	Business Address and Office
President SSN#	PresidentName, President	BizAddress
Secretary SSN#	SecretaryName, Secretary	BizAddress
Treasurer SSN#	Treasurer Name, Treasurer	BizAddress
Director SSN#	Director Name, Director	BizAddress

9. The total number of **authorized shares** of capital stock itemized by class and series, if any, within each class as follows: #sharescommon common
Number of Shares Class Series

10. The total number of issued and outstanding shares of capital stock itemized by class and series, if any, within each class is as follows:
Number of Shares Class Series

ATTACH REMITTANCE HERE

1. Fee due with this report	▶ 1.	25	00
2. Interest due	▶ 2.		
3. Penalty due	▶ 3.		
4. **Total - Due**	▶ 4.	25	00

Make remittance payable to SC Department of Revenue
Mail To: SC Department of Revenue, License and Registration Unit, Columbia, SC 29214-0140

AFFIDAVIT

I, the undersigned incorporator or principal officer of the corporation for which this return is made, declare that this return, including accompanying statements and schedules, has been examined by me and is to the best of my knowledge and belief a true and complete return made in good faith.

Sheila Dang
THIS RETURN PREPARED BY

SIGNATURE OF INCORPORATOR OR OFFICER AUTHORIZED TO SIGN

00
DATE

Assistant Secretary, of Legalzoom.com, Inc. (Incorporator)
TITLE

31341027

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STATE OF SOUTH CAROLINA
SECRETARY OF STATE

ARTICLES OF INCORPORATION FOR A PROFESSIONAL CORPORATION

TYPE OR PRINT CLEARLY IN BLACK INK

1. The name of the proposed corporation is WXYZ Services, Inc

   Choose one of the following: [ ] Professional Corporation, [ ] P.C., [ ] PC, [✔] Professional Association, [ ] P.A., [ ] PA, [ ] Service Corporation, [ ] Chartered.

2. This corporation is a professional corporation governed by Chapter 19 Title 33 of the 1976 South Carolina Code, as amended.

3. The corporation's purpose shall be to render the following professional services
   Medicine

4. The initial registered office of the corporation is _____
   Street Address

   Charleston
   City County Zip Code

   and the initial registered agent at such address is John Doe
   Print Name

   I hereby consent to the appointment as registered agent of the corporation:

   _____
   Agent's Signature

5. The corporation is authorized to issue shares of stock as follows. Complete "a" or "b", whichever is applicable:

   a. [ ] The corporation is authorized to issue a single class of share, the total number of shares authorized is _____.

   b. [ ] The corporation is authorized to issue more than one class of shares:

Class of Shares	Authorized no. of Each Class
	John Doe
1234 Main Street, Charleston, S(	

If shares are divided into two or more classes or if any class of shares is divided into series within a class, the relative rights, preferences, and limitations of the shares of each series within a class, are as follows:

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WXYZ Services, Inc

Name of Corporation

6. The existence of the corporation shall begin when these articles are filed with the Secretary of State unless a delayed date is indicated (See Section 33-1-230(b)): _____

7. The optional provisions which the corporation elects to include in the articles of incorporation are as follows (See the applicable provisions of Sections 33-2-102, 35-1-105, and 35-2-221 of the 1976 South Carolina Code.):

8. The name and address and signature of each incorporator is as follows (only one is required):

a. _____
Name

_____
Address

_____
Signature

b. _____
Name

_____
Address

_____
Signature

c. _____
Name

_____
Address

_____
Signature

9. I, _____, an attorney licensed to practice in the State of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements of Chapter 2, Title 33 of the 1976 South Carolina Code relating to the articles of incorporation.

Date _____

_____
Signature

_____
Type or Print Name

_____
Address

_____

_____
Telephone Number

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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

INITIAL ANNUAL REPORT OF CORPORATIONS

CL-1
(Rev. 9/20/00)
3134

Office Use Only
▶ File Number _____ ▶ ENDING PERIOD _____ (Month / Year) SID number _____

For Secretary of State Use Only

Date "Application for Charter" filed with Secretary of State _____
Date of "Request for authority to do business in this state" (Foreign Corp.) _____
FED E.I. Number To Be Applied For Business Code _____ (Office Use Only)

NAME OF CORPORATION **WXYZ Services, Inc**

PHYSICAL ADDRESS OF HEADQUARTERS (NUMBER AND STREET)			MAILING ADDRESS FOR TAX MATTERS	
Business Address			Business Mailing Address	
CITY AND STATE	ZIP	COUNTY	CITY AND STATE	ZIP
Business City, State, Zip		Business County	Mailing City, State, Zip	

1. State of incorporation: South Carolina 2. Indicate month corporation closes its books: December
3. Nature of principal business in SC:
4. Location of registered office of the corporation in the state of SC is _____ in the city of Charleston. Registered agent at such address is John Doe.
5. Location of principal office in SC (street, city, zip and county): Business Address Business City, State, Zip
6. Date business commenced in SC: Upon Incorporation Telephone # Phone
7. If a professional corporation, are all shareholders, one-half of the directors (or individuals functioning as directors) and all officers (other than the secretary and treasurer) qualified to practice the professional services engaged in by the corporation?
8. The names and business addresses of the directors (or individuals functioning as directors) and principal officers in the corporation are:

SSN	Name/Title	Business Address and Office
	[Name, Title, Address of directors & officers] -- No need for SSN	

9. The total number of **authorized** shares of capital stock itemized by class and series, if any, within each class is as follows:

Number of Shares	Class	Series
	Common Stock	

10. The total number of **issued** and outstanding shares of capital stock itemized by class and series, if any, within each class is as follows:

Number of Shares	Class	Series
None		

ATTACH REMITTANCE HERE

1.	Fee due with this report	▶ 1. 25	00
2.	Interest due	▶ 2.	
3.	Penalty due	▶ 3.	
4.	Total - Due (Make remittance payable to SC Department of Revenue.)	▶ 4. $	

AFFIDAVIT

I, the undersigned incorporator or principal officer of the corporation for which this return is made, declare that this return, including accompanying statements and schedules, has been examined by me and is to the best of my knowledge and belief a true and complete return made in good faith.

THIS RETURN PREPARED BY _____ SIGNATURE OF INCORPORATOR OR OFFICER AUTHORIZED TO SIGN _____

DATE _____ TITLE _____

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INITIAL ANNUAL REPORT - CL-1

The Initial Annual Report of Corporations is required to be filed together with a remittance of the minimum license fee required by Sections 12-20-40 and 12-20-50 of the 2000 Code as amended:

1. when filing the initial Articles of Incorporation,
2. when filing the Application for Certificate of Authority by a foreign corporation to transact business in South Carolina or
3. on or before sixty days after commencing business in South Carolina, or using a portion of capital in this state or acquiring ownership of, commencing maintenance of or commencing operation of one or more establishments or plants in this state.

- The minimum fee of twenty-five ($25.00) dollars must be paid at the time such report is filed.
- Interest due at the prevailing federal interest rate if this return is not filed within 60 days after commencing business in this state.
- Late filing of this return will incur a delinquent penalty of 5% per month not to exceed 25%.
  (If not filed within sixty (60) days of the due date the penalty will not be less than the lesser of one hundred ($100.00) dollars or the amount of the fee due.)
- Late payment of the license fee will incur a penalty of 1/2% per month not to exceed 25%.
- Make remittance payable to SC Department of Revenue and mail to SC Department of Revenue, License and Registration Unit, Columbia, SC 29214-0140.
- Address Definitions: Each of these are self explanatory. The mailing address for tax matters will be used if correspondence related to your taxes must be sent to you.

LINE INSTRUCTIONS

- FED E.I. Number - If this number has not been obtained, write "applied for" or "to be applied for" in the space provided. This number can be obtained by filing Form SS-4 with the IRS.

Line 2 - If year end date has not been established, write "not known" in the space provided.

Line 5 - If principal office is not in existence at the time of filing, write "not established" in the space provided.

Line 6 - If business has not started at the time of filing, state expected date.

Line 8 - If all of these positions have not been filled, please indicate and provide names and positions known at the time of filing.

Social Security Privacy Act Disclosure It is voluntary that you provide the social security number of the individual directors on this tax form. 42 U.S.C 405(c)(2)(C)(i) permits a state to use an individual's social security number as means of identification in administration of any tax. SC Regulation 117-1 mandates that any person required to make a return to the SC Department of Revenue shall provide identifying numbers, as prescribed, for securing proper identification. Your social security number is used for identification purposes.

Line 10 - If no shares have been issued at the time of filing, please indicate.

Special Instructions for Limited Liability Companies Taxed for Income Tax Purposes as Corporation and Professional or Other Associations Taxed for Income Tax Purposes as Corporations.

If your organization is either a limited liability company or an association taxed for income tax purposes as a corporation, some of the terms used in this form may require a reading suited to your organization. As examples:

1. "Corporation" should be interpreted to mean limited liability company or association;
2. "State of incorporation" should be read to mean state of organization;
3. "Shareholders" should be interpreted to mean members;
4. "Director" or "officer" should be interpreted to mean manager or managing member; and
5. "Incorporator" should be read to mean person forming the association or limited liability company.

Sections requesting certain information such as number of shares of stock may not apply to your organization and should be so indicated.

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