

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

**ARTICLES OF INCORPORATION**  
**FOR-PROFIT or PROFESSIONAL CORPORATION**

*Read the Instructions C010i*

1. **ENTITY TYPE** – check only one to indicate the type of entity being formed:

☒ FOR-PROFIT (BUSINESS) CORPORATION ☐ PROFESSIONAL CORPORATION

2. **ENTITY NAME** – see Instructions C010i for naming requirements – give the exact name of the corporation:

Winner's Edge Career Coaching and Consulting Inc.

3. **PROFESSIONAL CORPORATION SERVICES** – If professional corporation is checked in number 1, briefly describe the professional service or services that the professional corporation will provide (examples: law firm, accounting, medical):

4. **CHARACTER OF BUSINESS** – briefly describe the character of business the corporation initially intends to conduct in Arizona. **NOTE** that the character of business that the corporation ultimately conducts is not limited by the description provided.

Coaching and Consulting Services

5. **SHARES** – see Instructions C010i – list the class (common, preferred, etc.) and total number of shares of each class that the corporation is **AUTHORIZED** to issue – the total must be greater than zero. If more space is needed, check this box ☐ and complete and attach the Shares Authorized Attachment form C087.

Class: Common Series: \_\_\_\_\_ Total: 10,000

Class: \_\_\_\_\_ Series: \_\_\_\_\_ Total: \_\_\_\_\_

6. **ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:**

- 6.1 Is the Arizona known place of business address the same as the **street address** of the statutory agent? ☒ Yes – go to number 7 and continue

☐ No – go to number 6.2 and continue

- 6.2 If you answered "**No**" to number 6.1, give the **physical or street address** (not a P.O. Box) of the known place of business of the corporation in Arizona:

Attention (optional)		
Address 1		
Address 2 (optional)		
City	State or Province	Zip
Country		

**7. DIRECTORS** - list the name and business address of each and every Director of the corporation. If more space is needed, check this box ☐ and complete and attach the Director Attachment form C082.

Paul Anaya					
Name			Name		
29862 N. Tatum Blvd., #2070			Address 1		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
Cave Creek	AZ	85331			
City	State or Province	Zip	City	State or Province	Zip
Country	UNITED STATES		Country		
Name			Name		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State or Province	Zip	City	State or Province	Zip
Country			Country		
Name			Name		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State or Province	Zip	City	State or Province	Zip
Country			Country		

**8. STATUTORY AGENT** - see Instructions C010i:

<b>8.1 REQUIRED</b> - give the name (can be an individual or an entity) and physical or street address (not a P.O. Box) in Arizona of the statutory agent:			<b>8.2 OPTIONAL</b> - mailing address in Arizona of statutory agent (can be a P.O. Box):		
Paul Anaya					
Statutory Agent Name (required)					
Attention (optional)			Attention (optional)		
29862 N. Tatum Blvd., #2070			Address 1		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
Cave Creek	AZ	85331	City	State	Zip
City	State	Zip	City	State	Zip
<b>8.3 REQUIRED</b> - the <u>Statutory Agent Acceptance</u> form M002 must be submitted along with these Articles of Incorporation.					

9. **REQUIRED** - you must complete and submit with the Articles a **Certificate of Disclosure**. The Articles will be rejected if the Certificate of Disclosure is not simultaneously submitted.

10. **INCORPORATORS** - list the **name and address**, and provide the **signature**, of each and every incorporator - minimum of one is required. If more space is needed, check this box ☐ and complete and attach the Incorporator Attachment form C084.

Lawrence M. Cron, Esq.

Name

360 E. 1st Street, #313

Address 1

Address 2 (optional)

Tustin

CA

92780

City

State

Zip

UNITED STATES

Country

**SIGNATURE** - see Instructions C010i:

By checking the box marked "I accept" below, I acknowledge under penalty of law that this document together with any attachments is submitted in compliance with Arizona law.

☒ I ACCEPT

Signature

Lawrence M. Cron

Printed Name

5/22/25

Date

Name

Address 1

Address 2 (optional)

City

State

Zip

Country

**SIGNATURE** - see Instructions C010i:

By checking the box marked "I accept" below, I acknowledge under penalty of law that this document together with any attachments is submitted in compliance with Arizona law.

☐ I ACCEPT

Signature

Printed Name

Date

**Expedited or Same Day/Next Day services are available for an additional fee - see Instructions or Cover sheet for prices.**

Filing Fee: \$60.00 (regular processing)

All fees are nonrefundable - see Instructions.

Mail: Arizona Corporation Commission - Examination Section  
1300 W. Washington St., Phoenix, Arizona 85007  
Fax (for Regular or Expedite Service ONLY): 602-542-4100  
Fax (for Same Day/Next Day Service ONLY): 602-542-0900

Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business. All documents filed with the Arizona Corporation Commission are public record and are open for public inspection. If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.



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**STATUTORY AGENT ACCEPTANCE***Please read Instructions M002i*

1. **ENTITY NAME** – give the **exact** name in Arizona of the corporation or LLC that has appointed the Statutory Agent (this must match exactly the name as listed on the document appointing the statutory agent, e.g., Articles of Organization or Articles of Incorporation):  
 Winner's Edge Career Coaching and Consulting Inc.

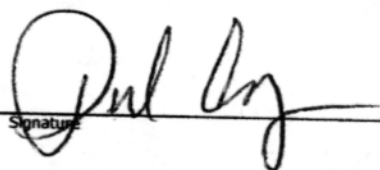
2. **STATUTORY AGENT NAME** – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be *either* an individual or an entity). **NOTE** - the name must match **exactly** the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix:

Paul Anaya

3. **STATUTORY AGENT SIGNATURE:**

By the signature appearing below, the individual or entity named in number 2 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the appointing entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.

The person signing below declares and certifies *under penalty of perjury* that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.



Paul Anaya  
 Printed Name

5/22/2025  
 Date

**REQUIRED** – check only one:

☒ **Individual as statutory agent:** I am signing on behalf of myself as the individual (natural person) named as statutory agent.

☐ **Entity as statutory agent:** I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity.

**Expedited services are available for an additional fee – see Instructions or Cover sheet for prices.**

Filing Fee: none (regular processing)  
 All fees are nonrefundable – see Instructions.

Mail: Arizona Corporation Commission - Examination Section  
 1300 W. Washington St., Phoenix, Arizona 85007  
 Fax: 602-542-4100

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**CERTIFICATE OF DISCLOSURE***Read the Instructions C003i***1. ENTITY NAME** – give the exact name of the corporation in Arizona:

Winner's Edge Career Coaching and Consulting Inc.

**2. FELONY/JUDGMENT QUESTIONS:**

Has any person (a) who is currently an officer, director, trustee, or incorporator, or (b) who controls or holds over ten percent of the issued and outstanding common shares or ten percent of any other proprietary, beneficial or membership interest in the corporation been:

- |            |  |                              |  |
|------------|--|------------------------------|--|
| <b>2.1</b> | Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the five-year period immediately preceding the signing of this certificate?   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>2.2</b> | Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the five-year period immediately preceding the signing of this certificate?   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>2.3</b> | Subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the five-year period immediately preceding the signing of this certificate, involving any of the following:<br>a. The violation of fraud or registration provisions of the securities laws of that jurisdiction;<br>b. The violation of the consumer fraud laws of that jurisdiction;<br>c. The violation of the antitrust or restraint of trade laws of that jurisdiction? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

- 2.4** If any of the answers to numbers 2.1, 2.2, or 2.3 are **YES**, you **MUST** complete and attach a Certificate of Disclosure Felony/Judgment Attachment form C004.

**3. BANKRUPTCY QUESTION:**

- |            |   |                              |  |
|------------|---|------------------------------|--|
| <b>3.1</b> | Has any person (a) who is currently an officer, director, trustee, incorporator, or (b) who controls or holds over twenty percent of the issued and outstanding common shares or twenty percent of any other proprietary, beneficial or membership interest in the corporation, served in any such capacity or held a twenty percent interest in <b>any other corporation</b> (not the one filing this Certificate) on the bankruptcy or receivership of the other corporation? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
|------------|---|------------------------------|--|

- 3.2** If the answer to number 3.1 is **YES**, you **MUST** complete and attach a Certificate of Disclosure Bankruptcy Attachment form C005.



**IMPORTANT:** If within 60 days of the delivery of this Certificate to the A.C.C. any person not included in this Certificate becomes an officer, director, trustee or person controlling or holding over ten percent of the issued and outstanding shares or ten percent of any other proprietary, beneficial or membership interest in the corporation, the corporation must submit a SUPPLEMENTAL Certificate providing information about that person, signed by all incorporators or by a duly elected and authorized officer.

SIGNATURE REQUIREMENTS:	
Initial Certificate of Disclosure:	This Certificate must be signed by all incorporators. If more space is needed, complete and attach an Incorporator Attachment form C084.
Foreign corporations:	This Certificate may be signed by a duly authorized officer or by the Chairman of the Board of Directors.
Credit Unions and Loan Companies:	This Certificate must be signed by any 2 officers or directors.

Lawrence M. Cron

Name

360 E. 1st Street, #313

Address 1

Address 2

Tustin

CA

92780

City

UNITED STATES

State

Zip

Country

**SIGNATURE** - see Instructions C003i:

By typing or entering my name and checking the box marked "I accept" below, I acknowledge under penalty of law that this document together with any attachments is submitted in compliance with Arizona law.

☒ I ACCEPT

Signature

Lawrence M. Cron

Printed Name

Date

**REQUIRED - check only one:**

- ☒ **Incorporator** - I am an incorporator of the corporation submitting this Certificate.
- ☐ **Officer** - I am an officer of the corporation submitting this Certificate.
- ☐ **Chairman of the Board of Directors** - I am the Chairman of the Board of Directors of the corporation submitting this Certificate.
- ☐ **Director** - I am a Director of the credit union or loan company submitting this Certificate.

Name

Address 1

Address 2

City

State

Zip

Country

**SIGNATURE** - see Instructions C003i:

By typing or entering my name and checking the box marked "I accept" below, I acknowledge under penalty of law that this document together with any attachments is submitted in compliance with Arizona law.

☐ I ACCEPT

Signature

Printed Name

Date

**REQUIRED - check only one:**

- ☐ **Incorporator** - I am an incorporator of the corporation submitting this Certificate.
- ☐ **Officer** - I am an officer of the corporation submitting this Certificate.
- ☐ **Chairman of the Board of Directors** - I am the Chairman of the Board of Directors of the corporation submitting this Certificate.
- ☐ **Director** - I am a Director of the credit union or loan company submitting this Certificate.

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Filing Fee: None

All fees are nonrefundable - see Instructions.

Mail: Arizona Corporation Commission - Examination Section  
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Fax (for Regular or Expedite Service ONLY): 602-542-4100  
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RECEIVED

JUL 14 2025

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

## COMMISSIONERS

Corporations Division

KEVIN THOMPSON – Chair  
 NICK MYERS - Vice Chair  
 LEA MÁRQUEZ PETERSON  
 RACHEL WALDEN  
 RENE LOPEZ

Date: 7/10/2025

Delivered via: Email

lcronlaw@gmail.com

AZ

USA

RE:   **Entity Name:**                   WINNER'S EDGE CAREER COACHING AND CONSULTING INC.  
       **ACC Order Number:**       202507073245319  
       **Document Received Date:**   07/07/2025  
       **Rejected Document ID:**     12709704

If you submitted a payment, it has been deposited and is nonrefundable pursuant to A.R.S. § 10-122(A) or § 10-3122(A), unless otherwise noted below.

The document Articles of Incorporation - For-Profit you submitted is REJECTED for the following reasons:

**Rejection Comments:** \*\*\*Articles of Incorporation\*\*\*

Page 2 Certificate of Disclosure: The COD must be signed no more than 30 days before the date on which it is received by the ACC. Date is required.

Resubmission: You must resubmit both forms together.

Filing 2 of 2.

**YOUR NEXT STEPS:**

Return the corrected document to us per the above instructions **no later than 30 days after the date of this letter** in order to keep your original filing date. If we receive the corrected document more than 30 days after the date of this letter, the original filing date will not apply; the corrected document's filing date would be the new received date if the document is approved for filing.

Make corrections and resubmit **online** if:

- You originally submitted online, and
- There are no payment issues noted above, and
- No new document type is required.

Make corrections and resubmit on **paper** if:

- You originally submitted by mail or over the counter, or
- There is a payment issue, or
- A different or new document type is required.

For **online** resubmission, log into your account and select the document under "My Rejected Filings."

For **paper** resubmission, return to the ACC the following:

1. All pages of the corrected or revised document, including any original attachments;
2. Any additional documents or forms required as noted in the above reasons for rejection;

3. Payment of any amounts owed as noted in the above reasons for rejection; and
4. A copy of this letter (we must have the Rejected Document ID).

If you have questions, review the Instructions to the document you submitted for more detailed information. You may also contact Customer Service at 602-542-3026 or, within Arizona only, 800-345-5819.

Division Director Tanya Gibson  
1300 W. Washington Street, Phoenix, AZ 85007 | 602-542-3026 | [azcc.gov](http://azcc.gov)