

PO2000026066

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

500005041075--7
-03/04/02--01079--023
*****78.75 *****78.75

SUBJECT: Work Practice Associates, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Robert Mumby, Jr

Name (Printed or typed)

36 S. Hampton Ave. Orlando, FL 32803

Address

Orlando, Florida 32803

City, State & Zip

407-894-4085

Daytime Telephone number

FILED
02 MAR -4 PM 4:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

D. WHITE MAR - 8 2002
J

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
02 MAR -4 PM 4: 17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Work Practice Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

36 South Hampton Ave. Orlando, FL 32803

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Safety and Health training for the workplace

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Robert Mumby Jr - president

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Robert Mumby Jr.

36 S. Hampton Avenue, Orlando, FL 32803

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

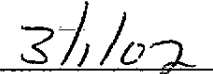
Robert Mumby, Jr

36 S. Hampton Ave. Orlando, FL 32803

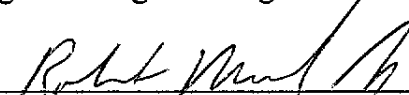
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



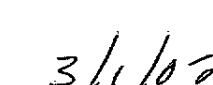
Signature/Registered Agent



Date



Signature/Incorporator



Date