

**H130001350613**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**To:**

Division of Corporations  
Fax Number : (850) 617-6381

**From:**

Account Name : I.N.C. CORPORATE SERVICES  
Account Number : I20000000011  
Phone : (718) 888-7773  
Fax Number : (718) 888-8559

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: CS@incfilings.com

13 JUN 14 PM12:02  
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DIVISION OF CORPORATIONS

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**FOREIGN PROFIT/NONPROFIT CORPORATION**

Oz Works Inc. (with an alternative

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

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Corporate Filing Menu

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**COVER LETTER****TO:** New Filing Section  
Division of Corporations**SUBJECT:** Oz Works Supplementation Inc. - a fictitious name of Oz Works Inc.  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

**Angela Oh**

Name of Person

**INC Corporate Services**

Firm/Company

**45-04 162nd Street, Suite 205**

Address

**Flushing, NY 11358**

City/State and Zip code

**cs@incfilings.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Angela Oh**at 718 888-7773

Name of Person

Area Code &amp; Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

\$70.00 Filing Fee     \$78.75 Filing Fee & Certificate of Status     \$78.75 Filing Fee & Certified Copy     \$87.50 Filing Fee, Certificate of Status & Certified Copy

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June 14, 2013

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
I.N.C. CORPORATE SERVICES

SUBJECT: OZ WORKS SUPPLEMENTATION  
REF: W13000034645

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

If you have any further questions concerning your document, please call (850) 245-6052.

Justin M Shivers  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H13000135061  
Letter Number: 613A00014989

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

**1. Oz Works Inc.**

(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

**Oz Works Supplementation Inc.**

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

**2. New York 3. 46-2192106**

(State or country under the law of which it is incorporated) (FEI number, if applicable)

**4. February 5, 2013 5. Perpetual**

(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

**6. June 12, 2013**

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. 11240 SW 63rd Terrace, Miami, FL 33173**

(Principal office address)

(Current mailing address)

**8. Health and weight loss consulting**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

**9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)**

Name: Osvaldo Garcia

Office Address: 11240 SW 63rd Terrace

Miami . Florida 33173  
(City) (Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Osvaldo Garcia  
(Registered agent's signature)

**11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.**

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12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Osvaldo Garcia

Address: 11240 SW 63rd Terrace

Miami, FL 33173

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Osvaldo Garcia

Address: 11240 SW 63rd Terrace

Miami, FL 33173

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Osvaldo Garcia, President

(Typed or printed name and capacity of person signing application)

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**State of New York** } ss:  
**Department of State**

I hereby certify, that the Certificate of Incorporation of OZ WORKS INC. was filed on 02/05/2013, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 11th day of June  
two thousand and thirteen.*



Daniel Shapiro  
Special Deputy Secretary of State

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