

F17000004432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

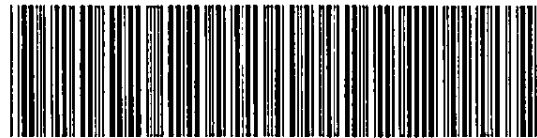
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/02/17--01022--019 **70.00

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DIVISION 01

O. SIMMONS
OCT 03 2017

COVER LETTER

TO: Registration Section
Division of Corporations
WORKS, Inc.

SUBJECT: _____
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:
Patrick Hogan

_____	Name of Person
Fraternal Law Partners	
_____	Firm/Company
225 W Court St	
_____	Address
Cincinnati, OH 45202	
_____	City/State and Zip code
patrick.hogan@fraternallaw.com	
_____	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick Hogan	513	763-6748
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|--|--|---|---|

**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.*

WORKS, Inc.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

CFE WORKS, Inc.

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

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FBI number, if applicable)
November 18, 2016

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. _____
865 W Carmel Dr, Suite 116, Carmel, IN 46032
(Principal office address)

(Current mailing address, if different)

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

Name: _____
Cogency Global, Inc.

Office Address: _____
115 North Calhoun St, Suite 4
Tallahassee, Florida 32301
(City) (Zip code)

9. 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.

Brittany Tallinchi - Assistant Secretary of Cogency Global
(Registered agent's signature)

10. 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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SECTION 1

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

A. DIRECTORS

Chairman: Judson Horras

Address: 885 W Carmel Dr, Suite 116

Carmel, IN 46032

Vice Chairman: Michael Wilson

Address: 885 W Carmel Dr, Suite 116

Carmel, IN 46032

Director: Joseph Budde

Address: 885 W Carmel Dr, Suite 116

Carmel, IN 46032

Director: Justin Kirk

Address: 885 W Carmel Dr, Suite 116

Carmel, IN 46032

B. OFFICERS

President: Judson Horras

Address: 885 W Carmel Dr, Suite 116

Carmel, IN 46032

Vice President: Michael Wilson

Address: 885 W Carmel Dr, Suite 116

Carmel, IN 46032

Secretary: Joseph Budde

Address: 885 W Carmel Dr, Suite 116, Carmel, IN 46032

Treasurer: Joseph Budde

Address: 885 W Carmel Dr, Suite 116, Carmel, IN 46032

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

12. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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, P.S.

13. Michael Wilson

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

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JUDSON H

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WORKS, Inc.

**Attachments to FL Application by Foreign Corporation for Authorization to Transact
Business in Florida**

Section 11A - Directors:

Jeff Rundle, Director
865 W Carmel Dr., Suite 116
Carmel, IN 46032

Phil Josephson, Director
865 W Carmel Dr., Suite 116
Carmel, IN 46032

Brian Warren, Director
865 W Carmel Dr., Suite 116
Carmel, IN 46032

Tom Fox, Director
865 W Carmel Dr., Suite 116
Carmel, IN 46032

Tom Murphy, Director
865 W Carmel Dr., Suite 116
Carmel, IN 46032

Tim Hudson, Director
865 W Carmel Dr., Suite 116
Carmel, IN 46032

Patrick McGovern, Director
865 W Carmel Dr., Suite 116
Carmel, IN 46032

Sam Bessey, Director
865 W Carmel Dr., Suite 116
Carmel, IN 46032

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CLERK OF COURT

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

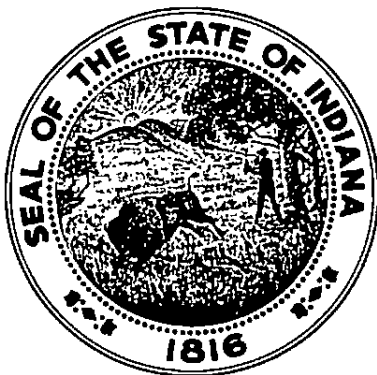
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

WORKS, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on November 18, 2016, and was in existence or authorized to transact business in the State of Indiana on September 12, 2017.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, September 12, 2017

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

201611181167538 / 2017402265

Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>