F19000000335

	(Requestor's Name)		
(Address)			
(Address)			
	(City/State/Zip/Phone #)		
PICK-UI	P WAIT	MAIL	
	(Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of S	Status	
Special Instructions to Filing Officer:			

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Anund AFFidavit
to Chg 0/b

JUN 15 2019

I ALBRITTON



TO: Amendment Section Division of Corporations
SUBJECT: Certified Labor Works Corp Name of Corporation
DOCUMENT NUMBER: <u>F19000000335</u>
The enclosed Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s) and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Frank D. Walker - President Name of Contact Person
Certified Labor Works Corp.
844 Pleusant Valley Dr.
Springboro OH 45066 City/State and Zip Code
F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Frank P. Walker at (239) 207-8427 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check made payable to the Florida Department of State for the following amount:
S43.75 Filing Fee & Certificate of Status S43.75 Filing Fee & Certificate of Status Certificate of Status & Certificate Copy (Additional copy is enclosed) S52.50 Filing Fee. Certificate of Status & Certificate Copy (Additional copy is enclosed) Certificate Of Status & Certificate Copy (Additional copy is enclosed)
Mailing Address: Street Address:
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle
Tallahassee, FL 32301



May 29, 2019

FRANK P. WALKER 844 PLEASANT VALLEY DR SPRINGBORO, OH 45066

SUBJECT: CERTIFIED LABOR WORKS CORP.

Ref. Number: F19000000335

We have received your document for CERTIFIED LABOR WORKS CORP. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

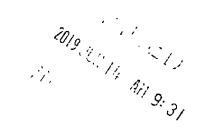
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 219A00010759





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

(Note: Applicable only during the first calendar year of qualification)

	(Note: Applicable only during the first	catendar year of quarmenton)
1.	The name of the foreign corporation as it appears on Certified Labor Wo	
2.	This entity was authorized to transact business in Flo number is $F1900000335$	
3.	This corporation was formed under the laws of	0410
4.	The name and address of each officer and/or director	is as follows:
<u>Ti</u>	vesident/Coo/Treasure	Name and Address Frank P. Walker 40 Ambridge Ct.
	VP/Sectetary	Springboro, OH 45066 Melanie R-Walker 40 Ambridge Ct. Springboro OH 45066
	(Attach additional pages re of an officer or director	if necessary) Original Jourt Title of person signing
111	ink P. Walker	

FILING FEE \$35

Make checks payable to Florida Department of State and Mail to: Division of Corporations*PO Box 6327*Tallahassee, FL 32314

Typed or printed name of person signing