## F19000001652

· (F	Requestor's Name)	
	Address)	
(/	Address)	<u>-</u>
((	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(1)	Business Entity Name)	
((	Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	





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11-11-19 11-13-19



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	04/03/2019			
	Merritt Wa	alker		
	e #:1065			
	me:		e Work Inc.	
	ticles of Incorporation			
☐ An	nendment			
Ch	ange of Agent			
Re	instatement			
Co	nversion			
□ М€	erger			
☐ Dis	ssolution/Withdrawal			
Fic	ctitious Name			
Ot	her			
Authorize	d Amount: \$	<u> 10</u>	<del></del>	
Signature	e:	<u> </u>		

F: 800.944.6607

## **COVER LETTER**

TO: Registration Division of	Corporations			
SUBJECT:		Frontline	Work Inc.	
	Nan	ne of corporation - r	nust include suffix	
Dear Sir or Madam:				
	ence," or "Certific	ate of Good Standir	thorization to Transact ig" and check are subn n Florida.	
Please return all con	respondence conce	eming this matter to	the following:	
		AJ Bruste	n	
	·	Name of Per	son	
		Frontline Worl	k Inc.	
		Firm/Compa	- 1y	
		535 Mission Stre	eet 14F	
-		Address		
	S	San Francisco, C	A 94105	
	<u>-</u>	City/State and	Zip code	
		AJ@wonolo.	com	
	E-mail addr	ress: (to be used for	future annual report no	otification)
For further informat	ion concerning thi	s matter, please call	:	
Dan	iel Yi	at (818)	271-09	58
Name of Pe	erson	Area Code	Daytime Teleph	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		ESS:	MAHLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check	for the following a	amount:		
. \$70.00 Filing Fe			78.75 Filing Fee & Certified Copy	\$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.

1.	F	rontline Wor	k Inc.		
	rporation; must include "INCOR rp," "Inc," "Co," or "Corp.")	PORATED," "(	COMPANY,"	"CORPORATION,"	
(If name unavailat	ole in Florida, enter alternate cor	porate name ado	pted for the p	urpose of transacting b	usiness in Florida)
2	Delaware	3		81-1512475	
(State or country	under the law of which it is inco	orporated)		81-1512475 (FEI number, if applic	cable)
4.	2/17/2016	5			
	of incorporation)		(Date o	of duration, if other tha	n perpetual)
6,		4/15/201	9		
O	(Date first transact (SEE SECTIONS 607.1				
7	535 Mission Stre	et 14F, San	Francisco,	CA 94105	
		(Principal	office address	)	
	((	Current mailing a	ddress, if diff	erent)	
8. Name and street	address of Florida registered	l agent: (P.O. I	30x <u>NOT</u> ac	ceptable)	2918
Name:	COGENCY GLOS	BAL INC.			2018 VEU
Office Address:	115 North Calhoun St	reet, Suite 4	_ _		
	Tallahasse	ee	, Florida _	32301	
	(City)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Zip code)	7: © * &
9. Registered agei					-
	ed as registered agent and to				
	application, I hereby accept in mply with the provisions of controls.				
	miliar with and accept the o				
	Jamely Bil	akel co	nniter Blake; DGENCY GUO	Assistant Secretary of BAL IN <b>C.</b>	<u>(</u> . 
	;;	(Registered age	nt'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.

A. DIRECTORS Chairman: Address: \_\_\_\_\_\_ Vice Chairman: \_\_\_\_\_ Address: Address: \_\_\_\_\_ Address: **B. OFFICERS** AJ Brustein President: 535 Mission Street 14F, San Francisco, CA 94105 Vice President: Address: \_\_\_\_\_ Secretary: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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, F.S. AJ Brustein, President 13. \_\_\_\_ (Typed or printed name and capacity of person signing application)

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



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FRONTLINE WORK INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FRONTLINE WORK INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF FEBRUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 202564121

Date: 04-02-19