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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

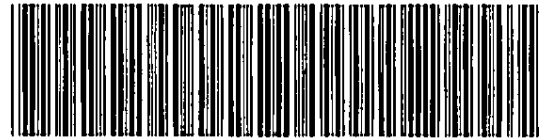
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W20000126568

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FL

21521 ✓



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 2, 2020

GINA HANSON
1740 DELL RANGE BLVD.
#281
CHEYENNE, WY 82009

SUBJECT: THE WORKS COACHING, INC.
Ref. Number: W20000126568

We have received your document for THE WORKS COACHING, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 420A00021884

RECEIVED

FEB 8 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Works Coaching, 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:

GINA HANSON
Name of Person
The Works Coaching, Inc
Firm/Company
1740 Dell Range Blvd, #281
Address
Cheyenne WY 82009
City/State and Zip code
ginaismyhero@gmail.com
E-mail address: (to be used for future annual report notification)

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CLERK OF DISTRICT COURT
TALLAHASSEE, FL

For further information concerning this matter, please call:

GINA HANSON at (747) 888-7772
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☒ \$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

**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. The Works Coaching, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

The Works Coaching Company, Inc. or The Works, Inc.

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

2. Wyoming 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. Originally May 2019, redomiciled to Wyo 2020 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 9/29/2020
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 19509 Spring Oak Dr, Eustis, FL 32736
(Principal office street address)
1740 H. Dell Range Blvd #281, Cheyenne, WY 82009
(Current mailing address, if different)

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

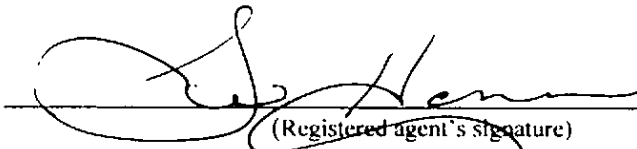
Name: Gina Hanson

Office Address: 19509 Spring Oak Dr.

Eustis , Florida 32736
(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.


(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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TALLAHASSEE, FL

A. DIRECTORS

☐ Chairman Name: Gina Hanson
☐ Vice Chairman Address: 19509 Spring Oak Dr
☐ Director Eustis, FL 32736
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: GINA HANSON
☐ Vice Chairman Address: 19509 Spring Oak Dr
☐ Director EUSTIS FL 32736
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: GINA HANSON
☐ Vice Chairman Address: 19509 Spring Oak Dr
☐ Director EUSTIS FL 32736
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: GINA HANSON
☐ Vice Chairman Address: 19509 Spring Oak Dr
☐ Director EUSTIS FL 32736
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: GINA HANSON
☐ Vice Chairman Address: 19509 Spring Oak Dr
☒ Director EUSTIS FL 32736
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

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TALLAHASSEE FL

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. [Signature]
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.

13. Gina Hanson, President
(Typed or printed name and capacity of person signing application)

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that

THE WORKS COACHING INC.

an entity originally organized under the laws of **California** on **May 22, 2019** did on **September 2, 2020** apply for a Certificate of Incorporation and filed Articles of Domestication in the office of the Secretary of State of Wyoming. This entity has been assigned entity identification number **2020-000941735**.

I FURTHER CERTIFY that this profit corporation has renounced its state or country of organization, and is now organized under the laws of the State of Wyoming and is in good standing as of the date of this certificate.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming, on this 3rd day of February, 2021 at 9:55 AM. This certificate is assigned ID Number 042003117.



Edward A. Buchanan
Secretary of State

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