F2100000 2608

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PCk-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Sertified Copies Certificates of Statu	ıs
Special instructions to Filing Officer	

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* Animpies *A 13 M. CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT	NO.	:	I20000000195
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REFERENCE : 807738 8339424

AUTHORIZATION: Sprell Reman

cost limit : \$**Ú**ò..00

ORDER DATE: May 11, 2021

ORDER TIME : 11:20 AM

ORDER NO. : 807738-005

CUSTOMER NO: 8339424

FOREIGN FILINGS

NAME: ONE WORK CO.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER:

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.

•

(Enter name of o	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY." "CORPORATION,"		
ONE WORK (DROUP, INC:			
(If name unavail	able in Florida, enter alternate corporate name ac	lopted for the purpose of transacting b	usiness in Florida)	
2. Delaware	2			
	y under the law of which it is incorporated)	(FEI number, if applicable)		
4. 03/15/2021				
(Date	5	(Date of duration, if other than	ı perpetual)	
6. 5/10/2021				
	(Date first transacted business in to (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 2. F.S., to determine penalty liability)		
7 802 E Whiting S	t, Tampa, FL 33602	•		
	(Principal office	street address)		
	(Current mailing	address, if different)	1641	
8. Name and stree	et address of Florida registered agent: (P.O.	Box. NOT acceptable)	292	
Name:	Corporation Service Company			
Office Address.	1201 Hays Street		<u> </u>	
Office Address:	T. 11.1		2	
	Tallahassee	, Florida		
	(City)	(Zip code)	. 6	
9. Registered ago	ent's acceptance:		. 0	
	ed as registered agent and to accept service			
further agree to co	application, I hereby accept the appointme omply with the provisions of all statutes rela	itive to the proper and complete pr	o act in this capacity. I erformance of my duties,	
ana I am familiar	with and accept the obligations of my posit	ion as registered agent.		
	orporation Service Company			
L				
В	y: Draude & Polimin			

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

under the law of which it is incorporated.

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

A. DIRECTORS							
□Chairman	Name: Greg Rancourt	Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director		□Director		.			
President	Odessa, FL 33556	□President					
□Vice President		□Vice President					
Secretary	■ Treasurer	□Secretary		☐Treasurer			
Other	Other	Other		□Other			
□ Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
Secretary	☐Trcasurer	Secretary		□Treasurer			
□Other	Other	□Other		☐Other			
□Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
☐Secretary	□Treasurer	Secretary		□Treasurer			
Other	Other	Other		□Other			
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 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. Greg Ranco	ourt, President						



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

DELAWARE, DO HEREBY CERTIFY "ONE WORK CO." 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 TWELFTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ONE WORK CO."

WAS INCORPORATED ON THE FIFTEENTH DAY OF MARCH, A.D. 2021.

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



Authentication: 203184105

Date: 05-12-21