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COVER LETTER

TO: Registratio Division of	n Section f Corporations						
SUBJECT:	WrkFlws Inc.						
	Name of	corporation	- must include suffix				
Dear Sir or Madam	:						
"Certificate of Exis	lication by Foreign Corp tence," or "Certificate of preign corporation to trans	f Good Stanc	ling" and check are su	act Business in Florida. bmitted to register the	••		
Please return all co	rrespondence concerning	g this matter	to the following:				
GREG WOOD			_				
		Name of P	erson				
WrkFlws Inc.						0.3	
		Firm/Comp	pany		 ,	2023	
150 E Robinson St. U	Jnit 3002					JAN 3	 1
		Addres	SS			تد	*********
Orlando, FL 32801						_	-
		City/State an	d Zip code			£# 9:	
zelfa.hoybia@wrkflw						: 0 ,	
	E-mail address: (to be used fo	r future annual report	notification)		J	
For further information	tion concerning this mat	ter, please ca	II:				
Zelfa Hoybia	ai	323	5136942				
Name of Po		Area Code	Daytime Telep	phone Number			
Registratior Division of The Centre	Corporations of Tallahassee onroe Street, Suite 810		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, 1	Section forporations 7			
	for the following amount yable to: FI.ORIDA DEP e S78.75 Filing I Certificate of S	ARTMENT (OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee Certificate of Sta 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.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc.," "Co." or "Corp.") N/A (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida Delaware S7-4363509 (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 150 E Robinson St. Unit 3002, Orlando, FL 32801 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: SCA Wood Story of Corp." Story of Corp." To E Robin Sun St. Unit 3002, Florida 32801 32	WrkFlws Inc.	" FOOT IN A NATION OF A TRONG
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida Delaware 3. 87-4363509 (FEI number, if applicable) 10.20.2021 5. N/A (Date of incorporation) (Date of duration, if other than perpetual) N/A (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 50 E Robinson St. Unit 3002, Orlando, FL 32801 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	(Enter name of corporation; must include "INCORPORATED, "Inc.," "Co.," "Corp," "Inc.," "Co." or "Corp.")	" "COMPANY," "CORPORATION,"
(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	N/A	
(State or country under the law of which it is incorporated) (FEI number, if applicable) 10.20.2021 5. N/A (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	(If name unavailable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
(Date of incorporation) (Date of duration, if other than perpetual) N/A (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 150 E Robinson St. Unit 3002, Orlando, FL 32801 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	Delaware 3	87-4363509
(Date of incorporation) (Date of duration, if other than perpetual) N/A (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 150 E Robinson St. Unit 3002, Orlando, FL 32801 (Principal office street address) (Current mailing address, if different) Name: (Current agent: (P.O. Box NOT acceptable)	(State or country under the law of which it is incorporated)	(FEI number, if applicable)
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 50 E Robinson St. Unit 3002, Orlando, FL 32801 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	10.20.2021	N/A
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 50 E Robinson St. Unit 3002, Orlando, FL 32801 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	(Date of incorporation)	(Date of duration, if other than perpetual)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 150 E Robinson St. Unit 3002, Orlando, FL 32801 (Principal office street address) 150 E Robinson St. Unit 3002, Orlando, FL 32801 (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	N/A	
(Principal office <u>street</u> address) 150 E Robinson St. Unit 3002, Orlando, FL 32801 (Current mailing address, if different) Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 502, F.S., to determine penalty liability)
Name: (Current mailing address, if different) Name: (P.O. Box NOT acceptable)	50 E Robinson St. Unit 3002, Orlando, FL 32801	
(Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	(Principal offi	ce street address)
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	150 E Robinson St. Unit 3002, Orlando, FL 32801	
Name: GCEA Wood	(Current mailin	g address, if different)
Name: Grea Wood		:
Fice Address: Unit 300 d Orlando Florida 32801	Name and street address of Florida registered agent: (P.C). Box NOT acceptable)
fice Address: 150 E Robin Sun St Unif 300 d	Name: CC4 Wood	
Oclando Social 32801	fice Address: 150 E Robin Sun St	Unit 300 d
, riorida o v	Orlando	, Florida 32801
(City) (Zip code)	(City)	(Zip code)
Mul	(Registered agent's sig	gnature)

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]:

A. DIRECTORS GREG WOOD ■ Chairman Chairman Name: 150 E Robinson St. Unit 3002 □Vice Chairman Address: ☐ Vice Chairman Address: Orlando, FL 32801 □ Director Director ☐ President □ President □Vice President ☐ Vice President ☐ Secretary □Treasurer ☐ Secretary ☐Treasurer □Other _____ Other ___ Other ____ □ Other _____ ☐ Chairman Name: Chairman Name: _____ □Vice Chairman Address: Address: ☐ Vice Chairman □ Director Director ☐ President ☐ President □Vice President ☐ Vice President ☐ Secretary □Treasurer ☐ Secretary Treasurer □Other _____ □ Other _____ Other _____ Other □Chairman Name: ____ Name: □ Chairman □Vice Chairman Address: _____ □Vice Chairman Address: □ Director □ Director □ President ☐ President □ Vice President ☐ Vice President ☐ Secretary □Treasurer □ Secretary □Treasurer ☐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. 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.

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

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "WRKFLWS 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 TWENTY-SIXTH DAY OF OCTOBER, A.D. 2022.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WRKFLWS INC."

WAS INCORPORATED ON THE TWENTIETH DAY OF OCTOBER, A.D. 2021.

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

at corp.delaware.gov/auth

Authentication: 204713236

Date: 10-26-22



January 4, 2023

GREG WOOD WRKFLWS INC. 150 E ROBINSON ST. UNIT 3002 ORLANDO, FL 32801

SUBJECT: WRKFLWS INC. Ref. Number: W22000145369

We have received your document for WRKFLWS INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(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.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 623A00000195

Mel Solomon
Senior Section Administrator

www.sunbiz.org

Division of Compositions D.O. DOV 6227 Tallahagaaa Florida 2021



November 22, 2022

GREG WOOD WRKFLWS INC. 150 E ROBINSON ST. UNIT 3002 ORLANDO, FL 32801

SUBJECT: WRKFLWS INC. Ref. Number: W22000145369

We have received your document for WRKFLWS INC. and check(s) totaling \$87.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The name and title of the person signing the document must be noted beneath or opposite the signature.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator

Letter Number: 622A00025983

RECEIVED
JAN 3 1 2013

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