

F24000001532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WRKFL02 Incorporated
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:

Tami Fratis
Name of Person
Wrkfl02
Firm/Company
4615 NW 110th Avenue
Address
Ocala FL 34452
City/State and Zip code
Tami @ WRKFL02.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tami Fratis at 215, 514-7941
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. WSKFLOZ INCORPORATED

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

EIN 93-4258357

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

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

4. 10/26/2023 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 15170 N FLORIDA AVE TAMPA FL 33613
(Principal office street address)

4615 NW 110th Ave Ocala FL 34482
(Current mailing address, if different)

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

Name: Tom Fratis

Office Address: 4615 NW 110th Ave
Ocala, Florida 34482
(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.

Tom Fratis
(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].

A. DIRECTORS

<input checked="" type="checkbox"/> Chairman	Name: <u>Gary Marriage</u>	<input type="checkbox"/> Chairman	Name: <u>Tami Fratis</u>
<input type="checkbox"/> Vice Chairman	Address: <u>7070 W Gulf to Lake Hwy</u>	<input type="checkbox"/> Vice Chairman	Address: <u>4115 NW 110th Ave</u>
<input checked="" type="checkbox"/> Director	<u>Crystal River, FL 34429</u>	<input type="checkbox"/> Director	<u>Ocala, FL 34482</u>
<input type="checkbox"/> President	_____	<input checked="" type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input checked="" type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Chairman	Name: <u>Scott H. Gring</u>	<input type="checkbox"/> Chairman	Name: <u>Travis Singleton</u>
<input type="checkbox"/> Vice Chairman	Address: <u>101 E Silver Springs Blvd</u>	<input type="checkbox"/> Vice Chairman	Address: <u>3205 V. Hanger Dr</u>
<input checked="" type="checkbox"/> Director	<u>Suite 201</u>	<input checked="" type="checkbox"/> Director	<u>Dallas TX 75225</u>
<input type="checkbox"/> President	<u>Ocala FL 34471</u>	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input checked="" type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Chairman	Name: <u>Sam Singleton</u>	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: <u>15170 N Florida Ave</u>	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	<u>Tampa FL 33613</u>	<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input checked="" type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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] _____
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. Tami Fratis CEO + President _____
(Typed or printed name and capacity of person signing application)

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WRKFLOZ INCORPORATED" 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 SIXTH DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WRKFLOZ INCORPORATED" WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF OCTOBER, A.D. 2023.



2543011 8300

SR# 20240162595

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202622208

Date: 02-06-24

State of Delaware

Annual Franchise Tax Report

CORPORATION NAME				TAX YR.
WRKPLOZ INCORPORATED				2023
FILE NUMBER	INCORPORATION DATE	RENEWAL/REEDUCATION DATE		
2543011	2023/10/26			
PRINCIPAL PLACE OF BUSINESS				PHONE NUMBER
15170 N FLORIDA HWY TAMPA, FL 33613				(813) 444-8335
REGISTERED AGENT				AGENT NUMBER
A REGISTERED AGENT, INC. B THE GREEN, STE A DOVER DE 19901				9768720
AUTHORIZED STOCK		DESIGNATION/ STOCK CLASS	NO. OF SHARES	PAR VALUE / SHARE
BEGIN DATE	END DATE	COMMON	1,500	.0010000000
2023/10/26				
OFFICER		NAME	STREET/CITY/STATE/ZIP	TITLE
SCOTT GREENE			101 E. SILVER SPRINGS BLVD OCALA, FL 34471	D
DIRECTORS		NAME	STREET/CITY/STATE/ZIP	
SCOTT GREENE			101 E. SILVER SPRINGS BLVD. OCALA, FL 34471	
TRAVIS SINGLETON			3205 VILLANOVA DR. DALLAS, TX 75225	
GARY MARRIAGE			7070 W. GULF TO LAKE HWY CRYSTAL RIVER , FL 34429	
<p>NOTICE: Pursuant to 8 Del. C. 502(b), If any officer or director of a corporation required to make an annual franchise tax report to the Secretary of State shall knowingly make any false statement in the report, such officer or director shall be guilty of perjury.</p>				
AUTHORIZED BY (OFFICER, DIRECTOR OR INCORPORATOR)			DATE	TITLE
SCOTT GREENE			2024/04/25	D
101 E. SILVER SPRINGS BLVD OCALA, FL 34471 US				