

M23000014936

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

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RECORDS OFFICE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32304

44

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$125.00.

AUTHORIZATION SIGNATURE: \_\_\_\_\_

Goodwerk & Company LLC

BUSINESS (Name)

Document # \_\_\_\_\_

\_\_\_ Walk in

\_\_\_ Pick up time \_\_\_\_\_

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\_\_\_ Will wait

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**NEW FILINGS**

\_\_\_ Profit  
\_\_\_ Not for Profit  
\_\_\_ Limited Liability  
\_\_\_ Domestication  
\_\_\_ Other

\_\_\_ **CORP**

\_\_\_ **PLLC**

**AMENDMENTS**

\_\_\_ Amendment  
\_\_\_ Resignation  
\_\_\_ Change of Registered Agent  
\_\_\_ Dissolution/Withdrawal  
\_\_\_ Merger  
\_\_\_ **Conversion**

**OTHER FILINGS**

\_\_\_ Annual Report

\_\_\_ Fictitious Name

\_\_\_ APOSTIL ( \_\_\_\_\_  
Country

**REGISTRATION/QUALIFICATIONS**

\_\_\_ **X** Foreign filing  
\_\_\_ Limited Partnership  
\_\_\_ Reinstatement  
\_\_\_ Statement of Authority  
\_\_\_ Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GoodWerk & Company LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Alfonso Ferguson

\_\_\_\_\_  
Name of Person

GoodWerk & Company LLC

\_\_\_\_\_  
Firm/Company

2100 Emerald Springs Drive

\_\_\_\_\_  
Address

Apopka, FL 32712

\_\_\_\_\_  
City/State and Zip Code

info@thisisgoodwerk.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alfonso Ferguson

646

971-0513

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

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

Enclosed is a check for the following amount:

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

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. GoodWerk & Company LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. New Jersey 3. 87-3561987  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 11/28/2023  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 801 Douglas Ave 6. 801 Douglas Ave  
(Street Address of Principal Office) (Mailing Address)

Ste 1001 Ste 1001

Altamonte Springs, FL 32714 Altamonte Springs, FL 32714

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

Name: Alfonso Ferguson


Office Address: 801 Douglas Ave Ste 1001

Altamonte Springs 32714  
(City) , Florida (Zip code)

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TALLAHASSEE, FL

Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated limited liability company 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)


8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>                            | <u>Name and Address:</u>                  | <u>Title or Capacity:</u>            | <u>Name and Address:</u>             |
|--|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Manager                     | Name: <u>Alfonso Ferguson</u>             | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member                      | Address: <u>613 Washington Blvd #1370</u> | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized                  | <u>Jersey City, NJ 07310</u>              | <input type="checkbox"/> Authorized  | _____                                |
| Person   | _____                                     | Person                               | _____                                |
| <input checked="" type="checkbox"/> Other <u>CEO</u> | <input type="checkbox"/> Other _____      | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <br><input type="checkbox"/> Manager                 | Name: _____                               | <br><input type="checkbox"/> Manager | Name: _____                          |
| <input type="checkbox"/> Member                      | Address: _____                            | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized                  | _____                                     | <input type="checkbox"/> Authorized  | _____                                |
| Person   | _____                                     | Person                               | _____                                |
| <input type="checkbox"/> Other _____                 | <input type="checkbox"/> Other _____      | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <br><input type="checkbox"/> Manager                 | Name: _____                               | <br><input type="checkbox"/> Manager | Name: _____                          |
| <input type="checkbox"/> Member                      | Address: _____                            | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized                  | _____                                     | <input type="checkbox"/> Authorized  | _____                                |
| Person   | _____                                     | Person                               | _____                                |
| <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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

  
\_\_\_\_\_  
Signature of an authorized person  
  
Alfonso Ferguson  
\_\_\_\_\_  
Typed or printed name of signer

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

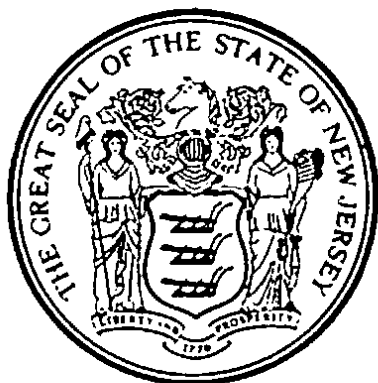
**GOODWERK & COMPANY LLC  
0450728783**

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on November 15, 2021.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

ALFONSO FERGUSON JR.  
613 WASHINGTON BLVD  
#1370  
JERSEY CITY, NJ 07310



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
27th day of November, 2023*

Elizabeth Maher Muoio  
State Treasurer

Certificate Number : 6148623029

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)