N2000006895

(Requestor's Name)				
(Ad	dress)			
(,			
(Address)				
	y/State/Zip/Phone			
(CII	ty/State/Zip/Priorie	: #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
1				

Office Use Only



200344912562

uc/15/20--01029--003 **70.00



Derrick Thompson

COVER LETTER

Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314 Law@Work Inc. SUBJECT: (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for : **■** \$70.00 □ \$78.75 □\$78.75 □ \$87.50 Filing Fee Filing Fee & Filing Fee Filing Fee. Certified Copy Certificate of & Certified Copy Status & Certificate ADDITIONAL COPY REQUIRED Law@Work Inc. FROM: Name (Printed or typed) 701 Centervale Drive Address Celebration, FL 34747 City, State & Zip 407-693-2050 Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

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

matthew@matthewkenney.com

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

<u>ARTICLE I</u>	NAME Law@Work Inc.			
The name of	the corporation shall be:	_		
<u>ARTICLE II</u>	PRINCIPAL OFFICE			
701	Principal <u>street</u> address: Centervale Drive		Mailing address, if differenti	s:
Cel	ebration. FL 34747		•	
 ARTICLE II	The	e organization's	sole charitable purpose is to create an	d distribute
The purpose	for which the corporation is organized is:		.1-7	
general legal	education through private and public media	outlets, which s	hall educate the population relative to	the origin.
elements, and	d application of laws. Educational material w	ill be in print, a	udio, and/or video digital format. Law	@Work is not
a law firm, a	nd does not engage in the practice of law in a	ny way, shape (or form. Legal advice is not dispensed	nor are legal
services perf	ormed. Upon the dissolution of the corporatio	n, assets shall	be distributed for one or more exempt p	ourposes
<u> </u>				
within the me	eaning of section 501(c)(3) of the Internal Reve	enue Code.		
-			· · · · · · · · · · · · · · · · · · ·	
ARTICLE IV	/ MANNER OF ELECTION The manner			ual Meeting
TRIPELL II	THE HIGHING	er in which the C	irrectors are elected and appointed:	
			<u>-</u>	<u> </u>
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	ORS		`.
Name and Ti	Matthew Kenney, President & Treasurer	Name and Ti	tle: Ozni Kenney, VicePresident	<u>.</u>
Address	701 Centervale Drive	_ Name and Tr	701 Centervale Drive	
1001033	Celebration, FL 34747	_ Address.	Celebration. FL 34747	 "
Nama and Ti	Amarilis J. Alexander, Secretary	-		
Name and Th		_		
Address	400 Burton St.	_		
	Henderson, NV 89015			
RTICLE VI	REGISTERED AGENT			
	d Florida street address (P.O. Box NOT ac	ceptable) of the	registered agent is:	
Name:	Matthew G. Kenney			
. 11	701 Centervale Drive			

Address:

The name and	address of the Incorporator is:	•
Name:	Matthew G. Kenney	•
Address:	701 Centervale Drive	
	Celebration. FL 34747	
		
<u>ARTICLE VII</u>	LEFFECTIVE DATE:	
	if other than the date of filing: (date is listed, the date must be specific and cannot be more tha	OPTIONAL) n five days prior or 90 days after the filing.)
	te inserted in this block does not meet the applicable statutory filing ective date on the Department of State's records.	requirements, this date will not be listed as the
	amed as registered agent to accept service of process for the above n familiar with and accept the appointment as registered agent an	
Matthew G.	Kenney Mutt	
		06/08/2020
	Required Signature of Registered Agent	. Date
	cument and affirm that the facts stated herein are true. I am aware th t of State constitutes a third degree felony as provided for in s.817.15.	
Matthew G. Ke	enney Madly	06/08/2020
	Required Signature of Incorporator	Date