

PO00000006793

Requester's Name

Address

City/State/Zip



Charles Abels Massie, CPA, PA  
12065 Metro Parkway  
Suite 101  
Fort Myers, FL 33912

Office Use Only

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00 JAN 13 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION

IDENTIFICATION NUMBER(S), (if known):

1. \_\_\_\_\_  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

200003097882--7  
-01/13/00--01074--008  
\*\*\*\*122.50 \*\*\*\*78.75

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

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00 JAN 13 PM 1:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Examiner's Initials

ARTICLES OF INCORPORATION  
OF

WORKPLACE ADVISORY SERVICES, INC.  
689 E. ROCKS DRIVE  
SANIBEL, FL 33957

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TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: WORKPLACE ADVISORY SERVICES, INC.

The principle place of business of this corporation shall be:  
689 E. ROCKS DRIVE  
SANIBEL, FL 33957

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory, or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

10,000 with par value of \$0.50

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

MARY M. DOCKHAM, PRES/DIR  
689 E. ROCKS DRIVE  
SANIBEL, FL 33957

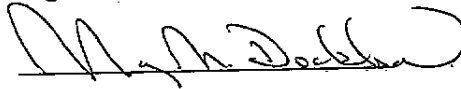
ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

MARY M. DOCKHAM  
689 E. ROCKS DRIVE  
SANIBEL, FL 33957

**IN WITNESS WHEREOF**, the undersigned incorporator(s) has(have) executed these Articles of Incorporation the 7th day of JANUARY, 2000.

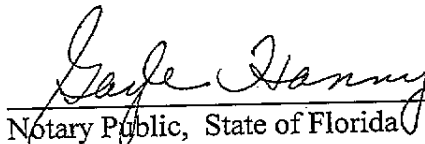
Signature(s) of Incorporator(s)



**STATE OF FLORIDA**  
**COUNTY OF LEE**

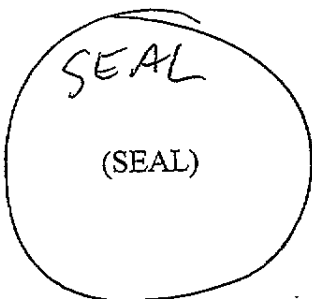
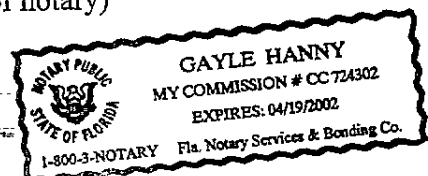
THE FOREGOING instrument was acknowledged and sworn to me this 7th day of JANUARY, 2000, by MARY M. DOCKHAM, PRES/DIR of WORKPLACE ADVISORY SERVICES, INC.

My Commission Expires:  
(SEAL)

  
Notary Public, State of Florida

GAYLE HANNY  
(printed name of notary)

Personally Known \_\_\_\_\_ OR Produced Identification ☒  
Type of Identification Produced Drivers License



**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: WORKPLACE ADVISORY SERVICES, INC.
2. The name and address of the registered agent and office is:

MARY M. DOCKHAM 689 E. ROCKS DRIVE SANIBEL, FL 33957

SIGNATURE

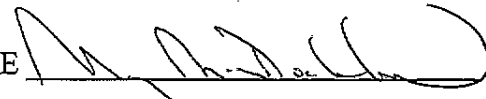
  
(CORPORATE OFFICER)

TITLE President

DATE JANUARY 6, 2000

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE



DATE JANUARY 6, 2000

FILED  
00 JAN 13 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA