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(Cit	y/State/Zip/Phone	#)
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TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT:	Bodywork	Works	Inc.	
	(PROPOSED CORPORATE N	NAME – MUST INCLUDE	·Suffix)	
England is an origin	al and ano(1) some afthe optical	a of incompantion and a	about for	
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:				
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certified Copy & Certificate of	
		ADDITIONAL CO	Status PY REQUIRED	
FROM: KAREN F. NEFF Name (Printed or typed)				
Name (Printed or typed)				
32 OCEAN CT. Address				
-	St. August	State & Zip	32080	
	904 Douting Ta	471-4438	<u></u>	

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: WORKS INC. BOD SWORK ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: AJA BEACH BLUD Ste. 3A St. Augustive Bch. PURPOSE ARTICLE III The purpose for which the corporation is organized is: Serice ARTICLE IV SHARES The number of shares of stock is: 500 @ 1.00 PARVALUE ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): F. NEFF KAREN KWNEG OCEAN CT. St. Augustine FL. 32080 REGISTERED AGENT The name and Florida street address of the registered agent is: THANKLIN D. Drese DRIVE 725 LAKE GENEVA St. Augustine FL. 32092 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: KAREN <u>*</u> Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity 3/18/02 Date