

P07000106134

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000237409 3)))



H070002374093ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 203-0381

From:
Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FILED
07 SEP 24 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

VIRTUAL WORK, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

FILED
07 SEP 24 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
OF
VIRTUAL WORK, CORP.**

THE UNDERSIGNED, has executed the following document as incorporator of the above, name corporation organized under the laws of the State of Florida, and all rights, duties and obligations in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

VIRTUAL WORK, CORP.

The principal place of business shall be: 4995 N.W. 72 Avenue
Suite #205 Miami, Fl. 33166

ARTICLE II

This corporation shall commence existence upon the filing of these Article of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business
- (2) Said corporation shall further have powers:
To have perpetual succession by it's corporate

Name: **VIRTUAL WORK, CORP.**

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of (100) shares, having an individual par value of \$10.00.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

ANTONNY S. QUEMBA

The principal office shall be:

4995 N.W. 72 Avenue Suite #205
MIAMI FLORIDA, 33166

ARTICLE VI

The initial Board of Directors shall consist of a total of one (2) persons, and the name and address of the person who is to serve as an initial director is:

(P) ANTONNY S. QUEMBA
(VP) JAQUELINE BLANCO

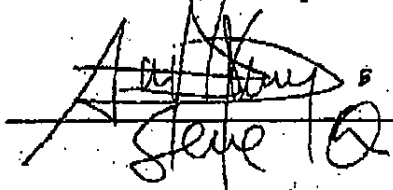
4995 N.W. 72 Avenue Suite #205 Miami, Fl. 33166
4995 N.W. 72 Avenue Suite #205 Miami Fl. 33166

ARTICLE VII

The name and address of the incorporator executing these Articles of incorporation is:

ANTONNY S. QUEMBA
4995 N.W. 72 Avenue Suite #205
MIAMI FLORIDA 33166

IN WITNESS WHERE OF, the undersigned incorporator has(ve) executed these Articles of incorporations this day of 21/09/07

A handwritten signature in black ink, appearing to read 'Antonny S. Quemba', is written over a horizontal line. The signature is stylized and includes a large 'Q' at the end.

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

Pursuant to the provision of sections 607.0501 or 617.0501, 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 Corporation is:

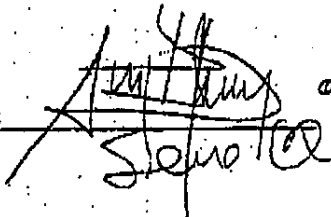
VIRTUAL WORK, CORP.

2.- The name and address of the registered agent and office is:

ANTONNY S. QUEMBA
4995 N.W 72 AVENUE SUITE #205
MIAMI, FLORIDA 33166

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE



FILED
07 SEP 24 AM 11:23
CLERK OF STATE
TALLAHASSEE, FLORIDA