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COVER LETTER

Department of State New Filing Section **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Woman at work 12 inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL C	OPY REQUIRED

FROM: Jeri Dausey

Name (Printed or typed)

16499 NE 19th avenue

Address

NMB, Florida 33162 suite 216 City, State & Zip

<u>305-957-0088</u>

Daytime Telephone number

lindabrumf@aol.com E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORAT

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME Woman At Work 12 Inc. The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address <u>16499 NE 19th Avenue</u> NMB, Florida <u>33162</u> suite 216

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Cleaning and landscaping.

ARTICLE IV SHARES

The number of shares of stock is5,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name	and Title: Jeri Dausey Goodkin: President	Name and Title:	
Addres	ss: <u>16499 NE 19th avenue</u>	Address:	
	NMB, Florida 33162		
	Suite 216		
Name	and Title: Anna Asensio: VP Sec/ Trea	Name and Title:	_
Addres		Address:	
	Miami Beach, Florida 33141		
Name	and Title: Linda Brumfield: Consultant	Name and Title:	
Addres		Address:	
	Miami Beach, Florida 33141		

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Jeri Dausey Address: 16499 NE 19th avenue NMB, Florida 33162 suite 216

ARTICLE VII INCORPORATOR

The <u>name and addr</u>	ess of the Incorporator is:	
Name:	Linda Brumfield	
Address:	8040 abbott avenue apt.2B	
	Miami, Beach Florida 33141	

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 fightiliar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

2/7/11 Date

Mailing address, if different is:

EB

-8 PM

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16499 NE 19th avenue NMB, Florida 33162

suite 216

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Required Signature/Incorporator

2/7/11 Date