P12000140213

(Requestor's Name)				
(Requestors Name)				
(Address)				
(Audiess)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



400226614544

03/30/12--01018--010 **87.50



L Shivers MAY 01 200



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 17, 2012

JOSE ANGEL RIVERA 24401 SW 217TH AVE HOMESTEAD, FL 33031

SUBJECT: WORKFORCE SAFETY COMPLIANCE, INC

Ref. Number: W12000018269

We have received your document for WORKFORCE SAFETY COMPLIANCE, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 312A00010751

Justin M Shivers Regulatory Specialist II New Filing Section

www.sunbiz.org

COVER LETTER

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

SUBJECT: Workforce Safety Com (PROPOSED CORPORA)	pliance, Inc TENAME- <u>MUST INC</u>	CUDE SUFFIX)		
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	d a check for:	1	
\$70.00 \$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: <u>Jose Angel Rivera</u>	(Printed or typed)	ر برخل	\(\chi_{\chi}\)	
24401 SW 217th Ave	Address	LLAHAS:	2312 APR 30	3 3
Homestead, FL 33031	State & Zip	OF OF STATE		
305-242-5600 Daytime To	elephone number		94 all IM	
rive1111@bellsouth.net E-mail address: (to be used	I for future annual report	notification)		

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

	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OF INCORPORATION			
A	In compliance with Chapt	er 607 and/or Chapter 621, F.S. (Profit)			
ARTICLE I The name of the	NAME Workforce Safet corporation shall be:	y Compliance, Inc.			
ARTICLE II	PRINCIPAL OFFICE				
	Principal street address	Mailing add	Mailing address, if different is:		
	24401 SW 217th Ave Homestead, FL 33031	_			
ARTICLE III	PURPOSE				
	which the corporation is organized is:				
	safety training to companies an				
	nd regulations from the Departi	ment of labor and OSHA. (Occ	cupationally Safety Health		
Administrat	ion				
ARTICLE IV		- ·			
The number of sl	hares of stock is:100				
ARTICLE V	INITIAL OFFICERS AND/OR DI	RECTORS			
	Title: Jose Angel Rivera (Preside	nt) Name and Title:			
Address:	24401 SW 217th Ave Homestead, FL 33031				
	Homestead, FL 3505.				
	(C) 14 1 1 1 D1 0 (C) D	1. A. N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
Name and Address:	Title: Maria Luisa Rivera (Vice P 24401 SW 217th Ave	resident) Name and Title:			
Address.	Homestead, FL 33031				
Name and	Title:	Name and Title:			
Address:	Title.				
			and the second		
			<u>F_C</u>		
	REGISTERED AGENT		APR APR		
The <u>name and F</u> Name:	Torida street address (P.O. Box NOT acc	eptable) of the registered agent is:	ASS 8 3		
Address:	Jose Angel Rivera	***			
	Homestead, FL 33031		→		
ARTICLE VII	INCORPORATOR				
	ddress of the Incorporator is:				
Name:	Jose Angel Rivera		o		
Address:	24401 SW 217th Ave				
	Homestead FL 33031				
Having been na	med as registered agent to accept service	of process for the above stated corpora	ttion at the place designated in		
this certificate, I	am familiar with and accept the appointn	ent as registered agent and agree to act	in this capacity		
			4-24-17		
	Required Signature/Registered	Agent	Date		
I Submit this do	cument and affirm that the facts stated to Department of State constitutes a third de	nerein are true. I am aware that the fa aree felony as provided for in s 817 155	ise information submitted in a E.S.		
ancument to the	- Constitute of Grape Constitutes a little de	greegening us promuenzier in siet (1123)	((> (+ >)		
			4-24-10		
-	Required Signature/Incorpor	ator	Date		