

P13000048211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

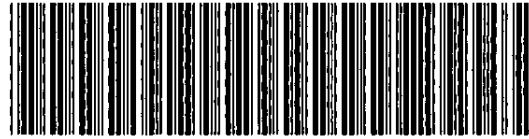
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000248484000

06/03/13--01006--008 \*\*70.00

FILING CANCELLED  
RETURNED CHECK

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 JUN -3 PM 2:14

Ps 6/4/13

## COVER LETTER

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

SUBJECT: Worklist One Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Windy milcent  
Name (Printed or typed)

279 Lakeview dr.  
Address

Coral Springs Florida 33071  
City, State & Zip

954 557-6524  
Daytime Telephone number

windymilcent@gmail.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 INCORPORATION**

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: Worklist One Inc

13 JUN -3 PM 2:14

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

279 Lakeview dr  
Coral Springs Florida 33071

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To help people find jobs

**ARTICLE IV SHARES**

The number of shares of stock is: 100

FILING CANCELLED  
RETURNED CHECK

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Windy mileent CEO Name and Title: \_\_\_\_\_

Address: 279 Lakeview dr Address: \_\_\_\_\_  
Coral Springs Florida 33071

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

(conti.)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Name and Title: \_\_\_\_\_ Name and Title: 10 JUN -3 PM 2: 15

Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Windy Milcent

Address: 279 Lakeview dr

Coral Springs Florida 33071

**FILING CANCELLED  
RETURNED CHECK**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Windy Milcent

Address: 279 Lakeview dr

Coral Springs Florida 33071

*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*

Windy Milcent

Required Signature/Registered Agent

May 26, 2013  
Date

*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.*

Windy Milcent

Required Signature/Incorporator

May 26, 2013  
Date