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(Requestor's Name)

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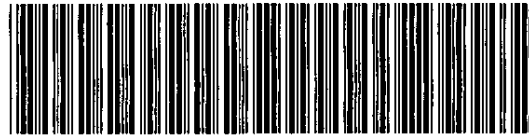
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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## COVER LETTER

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

Workforce Education Solutions, Inc.

**SUBJECT:** \_\_\_\_\_  
(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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: Workforce Education Solutions, Inc.  
\_\_\_\_\_  
Name (Printed or typed)  
  
12836 SW 49 Terrace  
\_\_\_\_\_  
Address  
  
Miami, FL 33175  
\_\_\_\_\_  
City, State & Zip  
  
954-275-7470  
\_\_\_\_\_  
Daytime Telephone number  
  
jorge.guerra18@yahoo.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)

### ARTICLE I NAME

Workforce Education Solutions, Inc.

The name of the corporation shall be: \_\_\_\_\_

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: \_\_\_\_\_

12836 SW 49 Terrace

Miami, FL 33175

### ARTICLE III PURPOSE

primarily to advisement and consult regarding workforce education,

The purpose for which the corporation is organized is: \_\_\_\_\_

workforce development and economic development solutions and other goods and services that are permitted by law,

within and without Florida as the laws of Florida and other states permit.

### ARTICLE IV SHARES

10,000 at \$.01 per share.

The number of shares of stock is: \_\_\_\_\_

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### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jorge Guerra, President & CEO

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

Address 12836 SW 49 Terrace

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

Miami, FL 33175

Name and Title: Vivian N. Lorenzo-Guerra, Vice President

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

Address 12836 SW 49 Terrace

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

Miami, FL 33175

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

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

Address \_\_\_\_\_

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Jorge Guerra  
Address: 12836 SW 49 Terrace  
Miami, FL 33175

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Jorge Guerra  
Address: 12836 SW 49 Terrace  
Miami, FL 33175

**ARTICLE VIII EFFECTIVE DATE:**

Date of filing

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

\_\_\_\_\_  
Required Signature/Registered Agent

6/22/15  
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.*

\_\_\_\_\_  
Required Signature/Incorporator

6/22/15  
Date