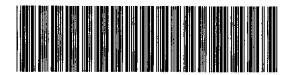
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| (Requestor's Name) | | | | |
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| (Bu | ısiness Entity Nan | ne) | | |
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COVER LETTER

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

| SUBJECT: Au | omated Workpla | ce Safety, Inc. | | | |
|--------------------|-----------------|--|--|--------------|-------------|
| obole: | (PI | ROPOSED CORPORA | ATE NAME – <u>MUST INCLU</u> | JDE SUFFIX) | _ |
| inclosed are an | original and o | ne (1) copy of the ar | ticles of incorporation and | a check for: | |
| \$70.00 Filing Fee | · | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status | | |
| | | | ADDITIONAL CO | PY REQUIRED | |
| FROM | Glenn A. Hilley | Nam | e (Printed or typed) | | |
| | | | Address | | |
| | Orlando, Florid | | | | |
| | | City | , State & Zip | | |
| | (970) 846-6329 | | | | <u>સ્</u> |
| | | • | Telephone number | | ر ا |
| | glenn@whamne | | | ince | |
| | E-m | ail address: (to be use | ed for future annual report n | man more | |

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

EFFECTIVE DATE 09 01 15

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

FILED

| ARTICLE I NAME The name of the corpora | | ety, Inc. | 15 SEP -3 PH 1: 1 |
|--|--|----------------|---|
| ARTICLE II PRIN | CIPAL OFFICE Principal <u>street</u> address | | Mailing address, if different is: |
| 13816 Granger Avenue | 2 | | |
| Orlando, Florida 3282 | 7 | | |
| • • | OSE the corporation is organized is: Automate policies and a serior of the corporation is organized in the corporation is organized in the corporation in the corporation in the corporation is organized in the corporation in the corporation is organized in the corporation in the corporation in the corporation is organized in the corporation | | Inc. is in the business of developing afety professionals and corporations. |
| | | | |
| | | | <u> </u> |
| | | | |
| | AL OFFICERS AND/OR DIRECTORS Glenn A. Hilley - Vice President | | Michelle L. Ouimet - President |
| Name and Titl | e:13816 Granger Avenue | Name and Title | 13816 Granger Avenue |
| Address | Orlando, Florida 32827 | Address: | Orlando, Florida 32827 |
| | | | |
| Name and Title | »: | Name and Title | : |
| Address | | Address: | |
| | | | |
| Name and Title | : <u> </u> | Name and Title | ÷ |
| Address | | Address: | |
| | | _ | |

| Name a | nd Title: | Name and Title: | |
|--|---|-----------------------------------|--------------------------------------|
| Addres | | Address: | |
| | | | |
| | | • | |
| | <u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT accept | able) of the registered agent is: | |
| Name: | Glenn A. Hilley | | |
| Address: | 13816 Granger Avenue | | |
| | Orlando, Florida 32827 | | 7.64 |
| ARTICLE VII | INCORPORATOR | | F SEP |
| The name and a | address of the Incorporator is: | | -3 F |
| Name: | Glenn A. Hilley | | |
| Address: | 13816 Granger Avenue | | |
| | Orlando, Florida 32827 | | - W |
| Effective date, is (If an effective days after the f | EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and filing.) te inserted in this block does not meet the app | cannot be more than five bu | siness days prior or 90 business |
| | effective date on the Department of State's re umed as registered agent to accept service of | | ernoration at the place designated i |
| | am familiar with and accept the appointmen | | |
| 1 | | | September 1, 2015 |
| CON A. | HICLEY Required Signature/Registered Age | ent | Date |
| | cument and affirm that the facts stated here Department of State constitutes a third degre | | |
| | | | September 1, 2015 |
| | ired Signature/Incorporator | | Date |

Company of the second of the s