## P15000018169

| (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: |  |  |  |  |
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TALLAHASSEE, FLORIBI

4/23 CR

## **COVER LETTER**

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

| SUBJECT:             | P. S. WORRELL<br>(PROPOSED CORPORA           | GROUP INC-                               |  |  |
|----------------------|--|--|--|--|
|                      | (PROPOSED CORPORA                            | TE NAME – <u>MUST INCL</u>               | UDE SUFFIX)  |  |
| Enclosed are an orig | inal and one (1) copy of the art             | icles of incorporation and               | d 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:                |  | C (Printed or typed)  JAROK OT.  Address |  |  |
|                      |  | UORIDA 33S<br>State & Zip<br>11 ~ 2433   | 56   |  |
|                      | Daytime T                                    | elephone number                          | C040   |  |
| <del></del>          | E-mail address: (to be use                   | d 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)

| The name of the corporation                  | on shall be: G.S. WORR                                  | ELL GRO            | UP 11         | IC.              | <del></del> |             |
|--|---|--------------------|---------------|------------------|-------------|-------------|
| RTICLE II PRINCI<br>P<br>8805 WYNDSRO        | Principal street address                                | M                  | lailing addre | ess, if differer | nt is:      | <del></del> |
| ODESSA, FL                                   | .33556  |                    |               |                  | <del></del> |             |
| ARTICLE III PURPOS The purpose for which the | SE e corporation is organized is:                       | ESSIONAL           | CORPO         | ORATIO!          | v           |             |
|  |   |                    |               |                  | 55          | SECT        |
| 19   |   |                    |               |                  | SEP         | AHA<br>META |
|  | # <b>- 11 - 11 - 11 - 11 - 11 - 11 - 11 - </b>          |                    |               | ,                | 23 9        | 33.7 Or     |
|  |   |                    |               |                  | PH 3: 49    | FLORIE      |
|  | OFFICERS AND/OR DIRECTORS PRESIDE GREGORY SCOTT WORRELL | Name and Title:_   |               |                  | R166        | <u> </u>    |
| Address _                                    | 88ØS WYNDBROOK CT.                                      | _ Address: _       |               | MYND             |             |             |
| -  | ODESSA , PL. 38556                                      |                    | ODES          | SA, FL           | . 33        | <u>55</u> 6 |
| Name and Title:_                             |   | Name and Title:_   |               |                  |             |             |
| Address _                                    | ······································                  | _ Address: _       |               | · · · · ·        |             |             |
| -<br>-                                       |   |                    | -             |                  |             |             |
| Name and Title:_                             |   | _ Name and Title:_ |               |                  |             |             |
| Address                                      |   | _ Address: _       |               |                  | <u></u>     |             |
|  |   |                    |               |                  |             |             |

| Name and Title:  | Name and Title:   |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| Address  | Address:  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
| <del></del>  |   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
| ARTICLE VI REGISTERED AGENT  |   |  |  |  |  |  |  |
| The name and Florida street address (P.O. Box NOT acceptable) of   | of the registered agent is:                             |  |  |  |  |  |  |
| Name: GREGORY SCOTT WORKELL  | <b>~</b>  |  |  |  |  |  |  |
| Address: 8805 WYNDBROOK CT   | _   |  |  |  |  |  |  |
| ODESCA, PLORIDA 33551  | <u>,</u>  |  |  |  |  |  |  |
| ARTICLE LUL INCORPORATOR   |   |  |  |  |  |  |  |
| ARTICLE VII INCORPORATOR   |   |  |  |  |  |  |  |
| The name and address of the Incorporator is:   |   |  |  |  |  |  |  |
| Name: BRUSSHY SCOTT WORRELL  |   |  |  |  |  |  |  |
| Address: 8805 WYNDEROOK CT.  | <del></del>   |  |  |  |  |  |  |
| ODBSA FLORIDA 33556  | <u>)                                    </u>            |  |  |  |  |  |  |
| ARTICLE VIII EFFECTIVE DATE:   |   |  |  |  |  |  |  |
| Effective date, if other than the date of filing:  | (OPTIONAL)  |  |  |  |  |  |  |
| (If an effective date is listed, the date must be specific and cann days after the filing.)  | ot be more than five business days prior or 90 business |  |  |  |  |  |  |
| Note: If the date inserted in this block does not meet the applicable the document's effective date on the Department of State's records.  |   |  |  |  |  |  |  |
| Having been named as registered agent to accept service of procest this certificate, I am familiar with and accept the appointment as re   |   |  |  |  |  |  |  |
| I rugy Scott World   | 8/20/2015   |  |  |  |  |  |  |
| Required Signature/Registered Agent  | 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. |   |  |  |  |  |  |  |
| 1 1.4.1  | 8/20/2015   |  |  |  |  |  |  |
| Reduited Signature/Incorporator  GREBORY SCOTT WORRELL   | Date  |  |  |  |  |  |  |
| GRELORY SCOTT WORRELL  |   |  |  |  |  |  |  |

To whom it may concern,

I do not wish to reinstate the previous registration of the same named corporation.

Document Number: P10000027982

Dregg Scott Wordl

Thank you,

**Gregory Scott Worrell**