

P1500097672

(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

W1500097672

DEC - 9 2015

T. SCOTT



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10/22/15--01014--005 \*\*78.75

15 NOV 23 AM 10:17

RECEIVED  
DIVISION OF REVENUE  
STATE OF MISSISSIPPI



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 29, 2015

RECEIVED NOV 23 2015

ANITA GONZALEZ  
3334 CRANEY ST  
WINTER HAVEN, FL 33881

SUBJECT: JORGE'S WORK UNIFORMS,  
Ref. Number: W15000071693

We have received your document for JORGE'S WORK UNIFORMS, and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 715A00022919

**COVER LETTER**

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

**SUBJECT:** JORGE'S WORK UNIFORMS, INCORPORATED  
(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:** ANITA GONZALEZ  
Name (Printed or typed)

3334 CRANEY ST.  
Address

WINTER HAVEN, FL 33881  
City, State & Zip

863 808 2573  
Daytime Telephone number

samantal20151  
E-mail address: (to be used for future annual report notification)

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



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: ANITA GONZALEZ  
Address: 3334 CRANEY ST.  
WINTER HAVEN, FL 33881

**ARTICLE VII INCORPORATOR**

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

Name: ANITA GONZALEZ  
Address: 3334 CRANEY ST.  
WINTER HAVEN, FL 33881

**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 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*

\_\_\_\_\_  
Anita Gonzalez  
Required Signature/Registered Agent

10/20/2015  
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.*

\_\_\_\_\_  
Anita Gonzalez  
Required Signature/Incorporator

10/20/2015  
Date