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COVER LETTER

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

SUBJECT:	ORK-Flaw Drag	ON INC	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l 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 CO			
FROM:	Alicia Stream	e (Printed or typed)			
	129 Golfside D	(. Address			
_Y	Vinter Park, FL City,	32792 State & Zip		16 JAN	
4	07-595-9523 Daytime T	elephone number		- - -	
_C	ucia estorto	e Fitness . co		2:5	

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

EFFECTIVE DATE OI OILLE

ARTICLES OF INCORPORATION

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

FILED 16 JAN -8 PN 2:58

ARTICLE I NAME The name of the corporat	ion shall be: Wackflow	Dragon, Inc	ALL THE STATE ALL THE PLONDS
	IPAL OFFICE Principal <u>street</u> address	Mailing address	
1129 Golfs Winter Par	ide Oc. k, FL 32792		
ARTICLE III PURPO The purpose for which the	ne corporation is organized is:	rovide softwar	e to
manage 4 businesse	he workflow prod	esses for sr	nacl
			······································
	HOCK IS: 120 SMO(ES		
Name and Title:	Alicia Streger, Ce	Name and Title: Rober	Tackness, CTO
	1129 Golfside Dr. Winter Park, Fl 3279		Angelica Circle NC 27518
Name and Title:	Keith Streger, COC	Name and Title:	
	1129 Golfside Dr.		
!	Winter Park, FL 32792		
Name and Title		Name and Title	
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	of the registered agent is:
Name: Alicia Strecks	-
Address: 1129 Golfside Dr.	
Winter Park, FL 32798	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	(h) (h)
Name: Alicia Streger	
Address: 1129 Golfsicu Dr	N S m
Winter Park, FL 327	12
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cann days after the filing.)	(OPTIONAL) 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 respectively. Required Signature Registered Agent	ss for the above stated corporation at the place designated in egistered agent and agree to act in this capacity Date
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felo	