## Paa0000581a3

(Requestor's Name)
(Address)
(Address)
· ,
(City/State/Zip/Phone #)
(Only/State/Elp/1 Horie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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S.CHATHAM

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	Please sue funds from the account: 120210 Authorized Signature:	Document #
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	Mail out	Will wait
	Photocopy	
	Certified Copy of Articles of Organ	nization
	Certificate of Status	
	NEW FILINGS	<u>AMMENDMENTS</u>
	Profit Not for Profit Limited Liability Domestication Other X_CORP OTHER FILINGS	AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversionRevocation REGISTRATION/QUALIFICATIONS
	Annual ReportFictitious Name	Foreign filingLimited Partnership Reinstatement
	APOSTILLE () Country	Other
EXA	MINER'S INITIALS:	22 JUL 21 AM

" FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437	
(850) 524-6243	
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Certificate of Status  NEW FILINGS	<u>AMMENDMENTS</u>
ProfitNot for ProfitLimited LiabilityDomesticationOtherXCORP	AmendmentResignation of R.A. Officer/DiscontingChange of Registered AgentDissolution/WithdrawalMergerConversion
OTHER FILINGS	Revocation REGISTRATION/QUALIFICATIONS
Annual Report	Foreign filing Limited Partnership
Fictitious Name	
APOSTILLE () Country	Reinstatement Other
MINER'S INITIALS:	jan Tu

FLORIDA CAPITAL COURIER SERVICES, INC

## **COVER LETTER**

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

nclosed are an ori	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
<b>数</b> \$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
			<b>~</b>
FROM:	Maria-Costanza Barducci		22 JUJ
FROM: _		e (Printed or typed)	22 JUL 21
FROM: _	Nam	e (Printed or typed) Address	
- KOW.	Nam		
	Nam 5 W 19th St 10th FL New York, NY 10011		
- KOWI	Nam 5 W 19th St 10th FL New York, NY 10011	Address	

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 corporar	tion shall be: Work House USA IN	C.	
ARTICLE II PRINC	<u>CIPAL OFFICE</u> Principal <u>street</u> address	Mailing address.	if different is:
100 Biscayne Blvd s	suite 1114		
Miami, FL 33132		<del></del>	
ARTICLE III PURPO The purpose for which t	he corporation is organized is: This  a repart and all la  d under the I  State of Flor	Cocaration is b	eny formed -
engage i	any and all la	wfal business	or activity
permitte	d under the 1	aws of the Un	ited States
and the	State of Flor	ida.	
	·		
ARTICLE IV SHAR	ES		
The number of shares of	stock is: 100		22
ARTICLE V INITIA	AL OFFICERS AND/OR DIRECTORS		
	a	Name and Title:	
			SE .
Address	100 Biscayne Blvd suite 1114		-
	Miami, FL 33132		<u> </u>
Name and Title	:	Name and Title:	
Address		Address:	
Name and Title	:	Name and Title:	
Address		Address:	
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			· · · · · · · · · · · · · · · · · · ·

Name an				
Address	3	4.11	Name and Title:	
		Address:		
	·			
		<del></del>		
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable	of the registered agent is:		
Name:	Maria Costanza Barducci			
Address:	100 Biscayne Blvd suite 1114		•	
	Miami, FL 33132	——————————————————————————————————————		
A PACTOR COLD BY BURE	OVCORDOD ATOD	1 <u>/2</u>		
	<u>INCORPORATOR</u>	Two T31:	•	
The name and a	ddress of the Incorporator is:	<i>i</i> ;	•	
Name:	Maria Costanza Barducci		·;'	
Address:	5 W 19th St 10th Floor	<u> </u>		
	New York, NY 10011			
Effective date, if	EFFECTIVE DATE:  Tother than the date of filing:  date is listed, the date must be specific and can	. (OPTIONAL) not be more than five days prior or 90 days after	r the	
Note: If the date the document's e	e inserted in this block does not meet the applica effective date on the Department of State's recor	ole statutory filing requirements, this date will not bulls.	e listed as	
	ned as registered agent to accept service of proces fumiliar with and accept the appointment as regis	s for the above stated corporation at the place design tered agent and agree to act in this capacity	ated in this	
Havis Cooper	Required Signature/Registered Agent	7/21/2022		
	Required Signature/Registered Agent	Date		
I submit this do		re true. I am aware that the false information sub ony as provided for in s.817.155, F.S.	mitted in a	
Alan Ca	Ann Barbert	7/21/2022		
Required Signat	ure-inco porator	Date		

•