

P 23606000174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

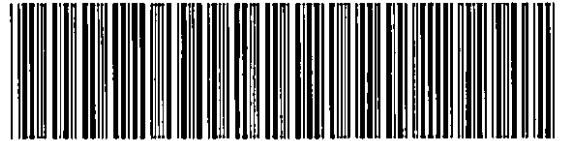
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. CHATHAM

JAN - 3 2023

01/03/23--01003--013 **70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida
Division of Corporations

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

70

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 01/03/2023

☐ **CERTIFIED COPY**

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ARTICLES

1. **The Workplace Benefits Inc.**

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: The Workplace Benefits Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6465 Pond Apple Road

6465 Pond Apple Road

Boca Raton, FL 33433

Boca Raton, FL 33433

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Employee Benefits Insurance Brokerage & Consulting

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Ritzer, President

Name and Title: _____

Address 6465 Pond Apple Road

Address: _____

Boca Raton, FL 33433

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

23 JUN - 3 PM 4:08
DIVISION OF
CORPORATION
RECORDS

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: Michael Ritzer

Address: 6465 Pond Apple Road

Boca Raton, FL 33433

ARTICLE VII INCORPORATOR

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

Name: Michael Ritzer

Address: 6465 Pond Apple Road

Boca Raton, FL 33433

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 days prior or 90 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

Michael Ritzer

Required Signature/Registered Agent

01/01/2023

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.

Michael Ritzer

Required Signature/Incorporator

01/01/2023

Date

2023 JAN -3 PM 4:08
STATE OF FLORIDA
DEPARTMENT OF STATE