

3/12/23, 10:52 AM

Division of Corporations

P2300009397279

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
 Division of Corporations
 Fax Number : (850)617-6381

From:
 Account Name : TAX S PRO CORP
 Account Number : 120200000147
 Phone : (786)307-2733
 Fax Number : (954)420-7118

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: INFO@TAXSPRO.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION
 WORK LIFE PRODUCTIONS CORP**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2023 03 11 8:27

DEPARTMENT OF STATE
 RECORDED
 23 MAR 13 PM 12:56
 FILED

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: TAX S PRO CORP
 Address: 8030 PINES BLVD
PEMBROKE PINES , FL 33024

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Address: TAX S PRO CORP
8030 PINES BLVD
PEMBROKE PINES , FL 33024

ARTICLE VIII EFFECTIVE DATE: 03/12/23

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.

Required Signature/Registered Agent

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.

Required Signature/Incorporator

Date

FILED
 23 MAR 13 PM 12:35
 03/12/23



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: **WORK LIFE PRODUCTIONS CORP**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

230 PHIPPEN WAITERS ROAD
DANIA BEACH, FL 33004

230 PHIPPEN WAITERS ROAD
DANIA BEACH, FL 33004

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT _____

Address: LEWIS, JEROME JERROD Address: _____

230 PHIPPEN WAITERS ROAD
DANIA, FL 33004

Name and Title: VP _____

Address: JACKSON, KATRINA Address: _____

230 PHIPPEN WAITERS ROAD
DANIA, FL 33004

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

RECEIVED
23 MAR 13 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



COVER LETTER

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

SUBJECT: WORK LIFE PRODUCTIONS CORP
(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: TAXS PRO CORP
Name (Printed or typed)

8030 PINES BLVD
Address

PEMBROKE PINES, FLORIDA 33024
City, State & Zip

786-3072733
Daytime Telephone number

INFO@TAXSPRO.COM
E-mail address: (to be used for future annual report notification)

RECEIVED
SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA
23 MAR 13 PM 12:30
BILLED

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

