Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 600002472456--3 -03/30/98--01097--016 *****78.75 *****78.75

SUBJECT:	WORK F. (Proposed corpor	rate name - must include sur	ffix)		
Enclosed is an original	I and one(1) copy of the article	s of incorporation and a	check for :		
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate		
		ADDITIONAL COPY REQUIRED			
FROM: _	ROBERT TR	en Schel rinted or typed)		_	
	1769 GRANTHAM DRIVE			90 MAR 30 PM IZ: 07 SECRETARY OF STATE ALLIAHASSEE, FLORID	
	We1/:NGTON, FL 334/4 City, State & Zip			O PH S	
		3773		2: 07	

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

Daytime Telephone number

of the articles. -42/98

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

WORK FIT, INC

98 HAR 30 PH 12: 07 SECRETARY OF STATE AND ASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1769 GRANTHAM DRIVE Wellingsom /FL 33414

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Robert Trenschol 1769 GRANTHAM PRIVE Wellington, FL 83414

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

1769 GRANTHAM DRIVE WellinGTM, FLSJ414

Signature/Incorporator

3/18/98

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent;

Signature/Registered Agent

Date