

PO2000126264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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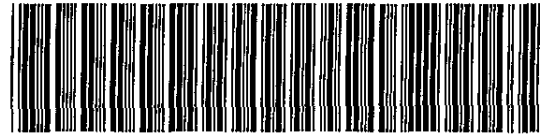
(Business Entity Name)

(Document Number)

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02 DEC -2 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W-33059

12/2

# TRANSMITTAL LETTER

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

SUBJECT: IT WORKS COMPANY INC  
(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: NIGEL SMITH  
Name (Printed or typed)

350 SE 5<sup>TH</sup> AVENUE  
Address

POMPANO BEACH, FL. 33060  
City, State & Zip

954 682-9052 954 946 8564  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State

November 20, 2002

NIGEL SMITH  
350 SE 5TH AVENUE  
POMPANO BEACH, FL 33060

SUBJECT: IT WORKS COMPANY INC  
Ref. Number: W02000033059

We have received your document for IT WORKS COMPANY INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight  
Document Specialist  
New Filing Section

Letter Number: 002A00062732

**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:

~~IT WORKS COMPANY, INC~~ → IT WORKS & COMPANY, INC  
*old name* *new name*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

350 S.E. 5<sup>th</sup> AVENUE  
POMPANO BEACH, FL. 33060

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The transaction of any or all lawfull business for which corporations may be incorporated under the Florida Corporation Act.

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

NIGEL SMITH. PRESIDENT  
350 SE 5<sup>th</sup> AVENUE  
POMPANO BEACH  
FL. 33060

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

NIGEL SMITH  
350 SE 5<sup>th</sup> AVENUE  
POMPANO BEACH, FL 33060

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

NIGEL SMITH  
350 SE 5<sup>th</sup> AVENUE  
POMPANO BEACH, FL. 33060

\*\*\*\*\*

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

*Nigel Smith*

Signature/Registered Agent

10/22/02

Date

*Nigel Smith*

Signature/Incorporator

10/22/02

Date