

BA20241674741

For Office Use Only



STATE OF CALIFORNIA Office of the Secretary of State STATEMENT OF INFORMATION CORPORATION California Secretary of State 1500 11th Street Sacramento, California 95814

(916) 657-5448

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File No.: BA20241674741 Date Filed: 9/19/2024

Entity Details						
Corporation Name		The Work Place, Inc.				
Entity No.		6382656				
Formed In			CAL	IFORNIA		
Street Address of Principal Office of Corpo	oration					
Principal Address		4605 LANKERSHIM BLVD., STE 325				
			NORTH HOLLYWOOD, CA 91602			
Mailing Address of Corporation						
Mailing Address		4605 LANKERSHIM BLVD., STE 325 NORTH HOLLYWOOD, CA 91602				
Attention			NOF		, CA 91602	
Attention						
Street Address of California Office of Corp						
Street Address of California Offic	се		Non	9		
Officers		-				
Officer Name	Officer Name		Officer Address		Position(s)	
MICHAEL VARDE		1349 N. HILL AVE. APT 7 PASADENA, CA 91104			Chief Executive Officer	
+ MIRANDA VARDE		1349 N. HILL AVE. APT 7 PASADENA, CA 91104			Secretary	
+ MICHAEL DE NOLA		4323 42ND STREET	4323 42ND STREET		Chief Financial Officer	
		SUNNYSIDE, NY 11104				
Additional Officers						
Officer Name		Officer Address		Position	Stated Position	i
		None I	Entere	d		
Directors						
Director Name		Director Address				
+ MICHAEL VARDE			1349 N HILL AVE. APT 7			
		PASADENA, CA 91104				
		1349 N. HILL AVE APT 7				
MIRANDA VARDE		PASADENA, CA 91104				
+ MICHAEL DE NOLA		4323 42ND STREET				
		SUNNYSIDE, NY 11104				
The number of vacancies on Bo	ard of D	Directors is: 0	I			
The number of vacancies of Bo						
Agent for Service of Process						
Agent Name		MICHAEL VARDE				
Agent Address		4605 LANKERSHIM BLVD STE 325				
			NOF	TH HOLLYWOOD	, CA 91602	
Type of Business						
Type of Business		ACT	ING COACH			

Labor Judgment

No Officer or Director of this Corporation has an outstanding final judgment issued by the Division of Labor Standards Enforcement or a court of law, for which no appeal therefrom is pending, for the violation of any wage order or provision of the Labor Code.

Electronic Signature

By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign.

MICHAEL VARDE

Signature

09/19/2024 Date