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COVER LETTER

TO:	_	tration Section ion of Corporations			
SUBJ	ECT:	MYDYGZ INC.			
	., .,		corporation	- must include suffix	
Dear S	ir or M	adam:			
"Certif	icate o	"Application by Foreign Corp f Existence," or "Certificate of eed foreign corporation to trai	f Good Stand	ding" and check are submitt	usiness in Florida," ted to register the
Please	return	all correspondence concerning	this matter	to the following:	
JESSIC	ca vei	LOHN		_	
	-	_	Name of I	Person	
MYDY	GYZ lî	NC.			
	-	<u>-</u>	Firm/Com	pany	
550 PO	P ASH	COURT			
			Addre	88	
LONG	WOOD	FL 32779			
		-	City/State ar	nd Zip code	
INFO@	тнего	CUSGROUPCPA.COM			
		E-mail address: (to be used for	or future annual report notif	ication)
For fur	ther in	formation concerning this mat	ter, please c	all:	
DANA	NEWS	OME	215	929-8000	
	Nam	e of Person	Area Code	Daytime Telephon	e Number
	Regis Divis The C 2415	EET/COURIER ADDRESS: tration Section ion of Corporations lentre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL	on orations
Please i	nake ch	check for the following amou teck payable to: FLORIDA DEP ing Fee	ARTMENT		☐ \$87.50 Filing Fee. Certificate of Status & Certified Copy

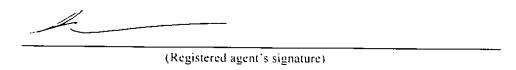
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

. MYDYGZ INC (Enter name of c	corporation; must include "INCORPORATED) " "COMPANY " "CORPORATION		
"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")	S. COMPANT, CONTORATION	•	
	able in Florida, enter alternate corporate name			
DELAWARE .		(FEI number, if applicable)		
(State or country under the law of which it is incorporate		(FEI number, if applicable)		
- 04/26/2022	5			
(Date	e of incorporation) 5	(Date of duration, if other th	(Date of duration, if other than perpetual)	
		in Florida, if prior to registration)		
2511 12771 17 17 4		1502, F.S., to determine penalty liability	y)	
251 LITTLE FAI			202 SE	
11/11 1 413 1/2002 (3.1)	•	fice street address)	3 J.	
WILMINGTON				
	(Current mail	ing address, if different)	<u> </u>	
			, 	
			4 3	
. Name and <u>stree</u>	et address of Florida registered agent: (P.	O. Box NOT acceptable)	PH 2:	
. Name and <u>stree</u> Name:	et address of Florida registered agent: (P. JESSICA VELLOJIN	O. Box NOT acceptable)	_	
Name:		O. Box <u>NOT</u> acceptable)	2: 0 1: 13 1: 13	
Name:	JESSICA VELLOJIN 550 POP ASH COURT	O. Box <u>NOT</u> acceptable)	2: 0 1: 13 1: 13	
	JESSICA VELLOJIN 550 POP ASH COURT LONGWOOD	O. Box <u>NOT</u> acceptable)	2: 0 1: 13 1: 13	

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS LYNDA DAHLHEIMER JESSICA VELLOJIN Chairman **□**Chairman Name: □Vice Chairman Address: _____ □Vice Chairman Address: 33875 E SHAMINEAU DRIVE 550 POP ASH COURT □ Director □Director MOTLEY MN 56466 LONGWOOD FL 32779 President □President □ Vice President ■Vice President □ Secretary □ Treasurer □ Secretary ☐Treasurer □Other _____ □Other ☐Other _____ □Other ____ □ Chairman Name: □Chairman □Vice Chairman Address: _____ □Vice Chairman Address: □Director □Director □President □President □Vice President ☐ Vice President □ Secretary ☐ Treasurer □ Secretary ☐Treasurer □Other _____ □ Other _____ □Other _____ □Other __ □Chairman Name: _____ □ Chairman Name: _____ □Vice Chairman Address: _____ □ Vice Chairman Address: _____ □ Director □ Director □ President President □Vice President ____ ☐ Vice President □ Secretary ☐ Treasurer □ Secretary ☐ Treasurer □Other _____ □Other _____ □Other ___ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 12. sund Callen Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

.. LYNDA DAHLHEIMER



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MYDYGZ INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF JULY, A.D. 2023.



Authentication: 203763605

Date: 07-17-23