

F24000003869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

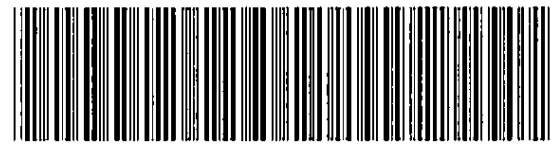
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

624-89963 NO: Avail

Office Use Only



400430330224

05/30/24--01005--002 **70.00

FILED
2024 JUL 22 AM 3:42
ALABAMA SECRETARY OF REVENUE

K. SALY
JUL 22 2024

7/22



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 13, 2024

JOHAN REMCO BERGSMA
MIEN COMPANY
2547 3 MILE RD NW, STE F
GRAND RAPIDS, MI 49534

SUBJECT: MIEN COMPANY
Ref. Number: W24000089963

We have received your document for MIEN COMPANY and your check(s) totaling \$70.00. 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L22000019817 "THE MIEN LLC".

Please return 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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 824A00012924

RECEIVED

JUN 28 2024

Sept 22, 2024



June 21, 2024

Karen A Saly
Regulatory Specialist II
Division of Corporations

SUBJECT: Mien Company alternate name
Ref #: W24000089963

Karen,

We are resubmitting a request to use **MIEN ENVIRONMENTS** as an alternate name to Mien Company as that is not available until Sept. 22, 2024. This is also dependent on the entity refiling so we do not know if it will happen.

We ask that this filing is processed as soon as possible as we are limited in submitting bids to the State of Florida for their school projects.

Sincerely,

A handwritten signature in black ink, appearing to read "Krzysztof Skrzypek".

Krzysztof Skrzypek

RECEIVED
JUN 28 2024



07/15/2024

Florida Department of State
Division of Corporation
PO BOX 6327
Tallahassee, FL 32314

To whom it may concern,

Please use this letter as a confirmation of the phone number. My cell number is 616-481-5708. You can reach me at any time.

As an additional source, you can also contact our CPA Laura Cramer. Her phone number is 616-862-1618.

Sincerely,

A handwritten signature in black ink that reads "Krzysztof Skrzypek". The signature is written in a cursive, flowing style.

Krzysztof Skrzypek

VP of Finance

Also, I spoke with one of your reps. She said you sent us the wrong explanation. We are not an LLC we are a S-corp. I included "Inc." on the second page after our name.

RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIEN COMPANY

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JOHAN REMCO BERGSMA

Name of Person

MIEN COMPANY

Firm/Company

2547 3 MILE RD NW, SUITE F

Address

GRAND RAPIDS MI 49534

City/State and Zip code

leramer@miencompany.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

J. REMCO BERGSMA

at (616) 915-0550

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$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.*

1. MIEN COMPANY
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- MIEN ENVIRONMENTS INC.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. MICHIGAN 3. 46-1451810
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11-26-2012 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2547 3 MILE RD NW, SUITE F GRAND RAPIDS MI 49534
(Principal office street address)

(Current mailing address, if different)

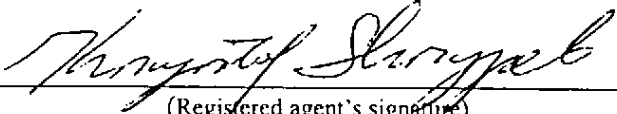
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: KRZYSZTOF SKRZYPEK

Office Address: 1201 S OCEAN DR. APT 1005N
HOLLYWOOD, Florida 33019
(City) (Zip code)

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.


(Registered agent's signature)

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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JUL 22 AM 3:42
TALLAHASSEE, FLORIDA

A. DIRECTORS

☐ Chairman Name: JOHAN R BERGSMA
☐ Vice Chairman Address: 2547 3 MILE RD NW, STE F
☐ Director GRAND RAPIDS MI 49534
☒ President _____
☒ Vice President _____
☒ Secretary ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ Other _____ ☐ Other _____

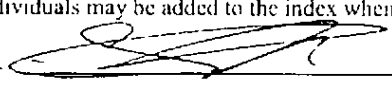
☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ Other _____ ☐ Other _____

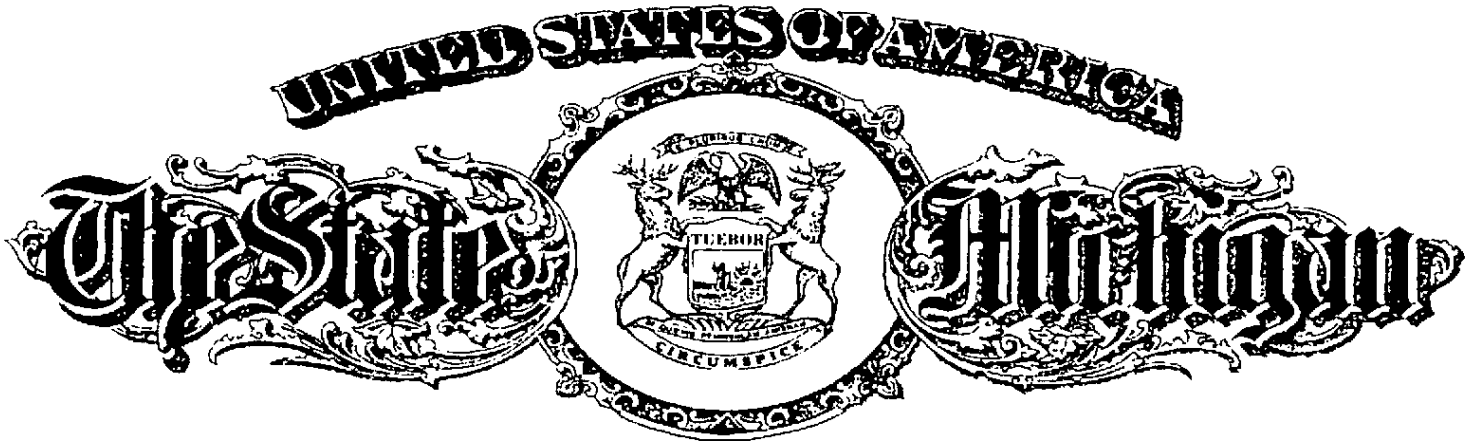
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12.  _____
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.

13. J. REMCO BERGSMA
(Typed or printed name and capacity of person signing application)

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2024 JUL 22 AM 3:42
TALLAHASSEE, FLORIDA



Department of Licensing and Regulatory Affairs
Lansing, Michigan

This is to Certify That

MIEN COMPANY

*was validly incorporated on November 26, 2012 as a Michigan DOMESTIC PROFIT CORPORATION,
and said corporation is validly in existence under the laws of this state.*

FILED
2024 JUL 22 AM 3:43
Securities & Commercial Licensing Bureau
CALL (800) 288-1000

This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 23rd day of May, 2024.*

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 24050519406