## 713000018305

| (Re                                     | questor's Name)   |             |
|---|-------------------|-------------|
| (Ad                                     | dress)            |             |
| (Ad                                     | dress)            |             |
| (Cit                                    | y/State/Zip/Phone | e #)        |
| PICK-UP                                 | MAIT              | MAIL        |
| (Bu                                     | siness Entity Nar | me)         |
| (Do                                     | cument Number)    |             |
| Certified Copies                        | _ Certificates    | s of Status |
| Special Instructions to Filing Officer: |                   |             |
|   |                   |             |
| •                                       |                   |             |
|   |                   |             |
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SECREPARY OF STATE BULLAHASSEF FLORING

FEB 25 PH 1:

J. Shivers FEB 2 6 2013

## **COVER LETTER**

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

| SUBJECT: 54 GROUP INC.                                |   |  |
|---|---|--|
| (PROPOSED CORPORA                                     | TE NAME – <u>MUST INC</u>               | LUDE SUFFIX)   |
| Enclosed are an original and one (1) copy of the arti | cles of incorporation an                | d a check for:   |
| \$70.00 Filing Fee & Certificate of Status            | \$78.75 Filing Fee & Certified Copy     | \$87.50 Filing Fee, Certified Copy & Certificate of Status |
|   | ADDITIONAL C                            | OPY REQUIRED   |
| FROM: <u>Julia Greenberg-Aguilar</u><br>Name          | O/b/o MyUSAcorr<br>e (Printed or typed) | ooration.com   |
| 40 Exchange Place S                                   | TE 1301                                 |  |
| New York, NY 10005<br>City,                           | State & Zip                             |  |
| 877-330-2677  Daytime T                               | elephone number                         |  |
| BENZAZON@HOTMAIL<br>E-mail address: (to be used       | COM<br>d for future annual report       | notification)  |
|   |   |  |

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| ARTICLE I           | NAME 54 GROUP INC.  | •  |
|---------------------|---|--|
| The name of the     | corporation shall be:                                     |  |
| ARTICLE II          | PRINCIPAL OFFICE  |  |
| AKIICHE H           | Principal street address                                  | Mailing address, if different is:  |
|                     | CENTRO COMERCIAL PASEO LAS MERCEDES NIVEL PB              | CENTRO COMERCIAL PASEO LAS MERCEDES NIVEL PB   |
|                     | LOCAL PAB5 LAS MERCEDES                                   | LOCAL PAB5 LAS MERCEDES  |
|                     | CARACAS, MIRANDA VENEZUELA 1080                           | CARACAS, MIRANDA VENEZUELA 1080  |
|                     |   |  |
|                     | <u>PURPOSE</u>  |  |
|                     | r which the corporation is organized is:                  | port and Export, Commercial Transactions in  |
| General.            | ivices, Entertainment Dervices, imp                       | port and Export, Commercial Transactions III   |
| Goriorai.           |   |  |
|                     |   |  |
|                     |   |  |
| ARTICLE IV          | SHARES  |  |
|                     | hares of stock is:100                                     |  |
|                     |   |  |
| ARTICLE V           | INITIAL OFFICERS AND/OR DIREC                             | CTORS  |
|                     |   | DENT Name and Title: MARIO BENZAZON - TREASUR  |
| Address:            | CENTRO COMERCIAL PASEO LAS MERCEDES N                     | <del></del>  |
|                     | LOCAL PAB5 LAS MERCEDE                                    |  |
|                     | CARACAS, MIRANDA VENEZUELA                                | 1080 CARACAS, MIRANDA VENEZUELA 10   |
| Name and            | Title:BEATRIZ SCANNONE - VICEPRESI                        | DENT Name and Title:   |
| Address:            | CENTRO COMERCIAL PASEO LAS MERCEDES N                     |  |
|                     | LOCAL PAB5 LAS MERCEDE                                    |  |
|                     | CARACAS, MIRANDA VENEZUELA                                |  |
| Nome and            | THE MARIO PENZAZONI SECONI                                | FADV Name and Tible.   |
| Address:            | CENTRO COMERCIAL PASEO LAS MERCEDES N                     | TARY Name and Title:   |
| Addicss.            | LOCAL PABS LAS MERCEDES                                   |  |
|                     | CARACAS, MIRANDA VENEZUELA                                |  |
|                     |   |  |
|                     | REGISTERED AGENT  |  |
|                     | Florida street address (P.O. Box NOT accepta              | ble) of the registered agent is:   |
| Name:               | InCorp Services, Inc.                                     |  |
| Address:            | 17888 67th Court North                                    | <u> </u>   |
|                     | Loxahatchee, FL 33470                                     |  |
| ARTICLE VII         | INCORPORATOR  |  |
|                     | address of the Incorporator is:                           | ට්ය 🗆  |
| Name:               | Selene Enterprises, LLC d/b/a MvUSAcorpor                 | ation.com  |
| Address:            | 40 Exchange Place, Suite 1                                | 1301 Sm 3  |
|                     | New York, NY 10005  |  |
| TT                  |   | and the standard to the standa |
|                     |   | process for the above stated corporation at the place designated in  |
| inis certificate, i | any jamuar with and accept the appointment                | as registered agent and agree to act in this capacity  |
| 1/9/                | South Alonger in  | (004)  |
| 1.7                 | Bullar   Houney - in - Required Signature/Registered Agen | fact / 02/15/2013  |
| 0                   | Required Signature/Registered Agent                       | it Date  |
| l submit this da    | ocument and affirm that the facts stated here             | in are true. I am aware that the false information submitted in a  |
|                     | Department of State constitutes a third degree            |  |
|                     | 1 0/1   | garang an province you are not respect to the  |
| /                   | 1 64 Marton olalas  | Ny USA ne anapion com 02/15/2013   |
|                     | Required Signature/Incorporator                           | Date   |
| //                  | / / U 1   |  |

## SPECIAL AND REVOCABLE LIMITED POWER OF ATTORNEY

TO ALL PERSON, be it known, that INCORP SERVICES, INC., A Nevada corporation as Grantor, does hereby make and grant a limited and specific power of attorney to Julia Greenberg-Aguilar and appoint and constitute said individual as my attorney-in-fact.

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation in the presence:

Authority to accept appointment as registered agent on behalf of InCorp Services, Inc. (a Nevada Corporation) for entities which \*Selene Enterprises LLC dba MyUSA corporation.com\* have purchased agent service on through their account with InCorp Services, Inc.

TERMINATION: Unless sooner revoked or terminated by me, the Special Power of Attorney shall become NULL and VOID from and after December 31, 2013.

Aurora Murtey, Secretary

Dated: December 10, 2012

Signed in my presence this the 10<sup>th</sup> day of December 2012 by Aurora Murtey, State of Nevada.

County of Clark

Notary Public in the State of Nevada

CRYSTAL TEMPLE-OWENS
Notary Public, State of Nevede
Appointment No. 08-11437-1
My Appt. Expires Nev-20, 2013

EB 25 PM 1:1

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