

1/15/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
P210000208063ABCT

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : 120180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

myGwork, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2021 JAN 15 PM 1:19

2021 JAN 15 PM 1:26

Electronic Filing Menu

Corporate Filing Menu

Help

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

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ARTICLE I NAME

The name of the corporation shall be myGwork, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

7901 4th St N STE 300
St. Petersburg, FL 33702

Mailing address, if different is:

7901 4th St N STE 300
St. Petersburg, FL 33702

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

business community for LGBT+ professionals, graduates,
inclusive employers and anyone who believes in workplace equality.

ARTICLE IV SHARES

The number of shares of stock is: 16,594

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pierre Gaubert, Director, President, Treasurer

Address: 7901 4th St N STE 300
St. Petersburg, FL 33702

Name and Title: Adrien Gaubert, Director, Secretary

Address: 7901 4th St N STE 300
St. Petersburg, FL 33702

Name and Title: Andrew Robertson, Director

Address: 7901 4th St N STE 300
St. Petersburg, FL 33702

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: LEGALINC CORPORATE SERVICES INC.
Address: 5237 SUMMERLIN COMMONS BLVD, SUITE 400
FORT MYERS, FL 33907

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Anna Manukyan
Address: 10601 Clarence Drive Suite 250
Frisco, TX 75033

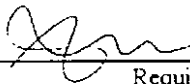
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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



Required Signature/Registered Agent

1/15/2021

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.



Required Signature/Incorporator

1/15/2021

Date

((H21000020806 3)))