

P 23000039399

Florida Department of State  
Division of Corporations  
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H230001801303ABCS

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

From: Account Name : MYCOMPANYWORKS, INC.  
Account Number : I20230000035  
Phone : (702)362-2677  
Fax Number : (702)825-2581

SECRETARY OF STATE  
TALLAHASSEE, FL  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: orders@mycompanyworks.com

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REGISTRARS  
COMMERCIAL  
SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION  
5555 US Corp

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00



May 16, 2023

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

MYCOMPANYWORKS, INC.

SUBJECT: 5555 US CORP  
REF: W23000070590

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Crystal S Hightower  
Regulatory Specialist II  
CoT

FAX Aud. #: H23000180130  
Letter Number: 423A00011197

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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be: 5555 US Corp

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address <u>6837 Chase Rd.</u> <u>Dearborn, MI 48126</u> <hr/> <hr/>	Mailing address, if different is: <hr/> <hr/>
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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Jhon Blando - D, P</u> Address: <u>6837 Chase Rd.</u> <u>Dearborn, MI 48126</u> <hr/> <hr/>	Name and Title: <u>Kalvin Muluh - D, VP</u> Address: <u>6837 Chase Rd.</u> <u>Dearborn, MI 48126</u> <hr/> <hr/>
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Name and Title: <u>Jennelyn Gagatiga - D, S</u> Address: <u>6837 Chase Rd.</u> <u>Dearborn, MI 48126</u> <hr/> <hr/>	Name and Title: <u>Jesabel Venecia - D, T</u> Address: <u>6837 Chase Rd.</u> <u>Dearborn, MI 48126</u> <hr/> <hr/>
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Name and Title: _____ Address: _____ <hr/> <hr/>	Name and Title: _____ Address: _____ <hr/> <hr/>
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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: Brent Green  
 Address: 23781 US Hwy. 27, Ste. 210  
Lake Wales, FL 33589

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Jhon Blando  
 Address: 6837 Chase Rd.  
Dearborn, MI 48126

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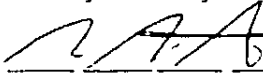
**ARTICLE VIII EFFECTIVE DATE:**

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

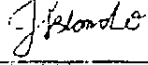
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

 Brent Green \_\_\_\_\_ 5-12-23  
 Required Signature/Registered Agent 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.*

 Jhon Blando \_\_\_\_\_ 5-12-23  
 Required Signature/Incorporator Date



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