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TO: Registration Section Division of Corporations
SUBJECT: Agron Skar Constitution Inc. Name of corporation - must include suffix
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:
Agen Skon
Name of Person
Aaron Shara Construction 5
Firm/Company
1417 West Jenning St. Address
City/State and Zip code Skora (unstruction Q yahow.rom E-mail address: (to be used for future annual report notification)
City/State and Zip code
Skora Construction Q yahw.rom E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Acus Shor at (710) 574-8881 Name of Person Area Code Daytime Telephone Number
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 \$\times\$ \$78.75 Filing Fee & \$\times\$ \$78.75 Filing Fee & Certificate of Status 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. Hopen Show Construction Inc., (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc." "Co," or "Corp.") Skon Construction Tac.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. N.Y.

(State or country under the law of which it is incorporated)

4. 5/31/3016
(Date of incorporation)

5. (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 3983 Langled Rd. Nofth (alling N.Y 1411)

(Principal office street address)

1417 Wist Janing St. Lander Ft. 33462

(Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 1417 West Jennings St.

Lantan Fl. Florida 33462

(City) (Zip code) Office Address: 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]:

A. DIRECTORS							
□ Chairman	Name: Aaron Skua	□Chairman	Name:				
□Vice Chairman	Address: 1417 West Jennings St.	□Vice Chairman	Address:				
□Director	Lanking, Fl. 33462	□Director					
22 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		222			
□Secretary	Treasurer	□Secretary		1 Treasure 5			
□Other	Other	Other		Other 1			
□Chairman	Name:	□Chairman	Name:	P ::			
□Vice Chairman	Address:	□Vice Chairman	Address:	- <u>21</u>			
□Director		□Director		·			
□President	<u> </u>	□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	Secretary		□Treasurer			
□Other	□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.	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.							
(Typed or printed name and capacity of person signing application)							

State of New York Department of State 3 ss

I hereby certify, that the Certificate of Incorporation of AARON SKORA CONSTRUCTION, INC. was filed on 05/31/2016, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.

I further certify that no other documents have been filed by such corporation.

OF NEW OF A STANDARD OF STANDA

Witness my hand and the official seal of the Department of State at the City of Albany, this 15th day of October two thousand and twenty.

Brendon C Xfeylor

Brendan C. Hughes Executive Deputy Secretary of State

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