

Florida Department of State
Division of Corporations
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Email Address: FPINEDA@MASONRYENTERPRISES.COM

**FOREIGN PROFIT/NONPROFIT CORPORATION
MASONRY ENTERPRISES 1, INC**

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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. MASONRY ENTERPRISES, INC

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION",
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

MASONRY ENTERPRISES 1, INC

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. ARKANSAS

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

3.

(FEI number, if applicable)

4. JUNE 2, 2005

(Date of incorporation)

5.

PERPETUAL

(Duration: Year corp. will cease to exist or "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. P.O. BOX 192465, LITTLE ROCK, AR 72219

(Principal office address)

P.O. BOX 192465, LITTLE ROCK, AR 72219

(Current mailing address)

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

Name: Hubco Registered Agent Services, Inc.

Office Address: 155 Office Plaza Drive, 1st Floor

Tallahassee

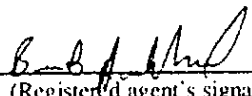
(City)

Florida, 32301

(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) BRUCE B. HUBBARD

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. Names and addresses of officers and/or directors:

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A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____
_____**B. OFFICERS**President: FERNANDO PINEDAAddress: P.O. BOX 192465LITTLE ROCK, AR 72219

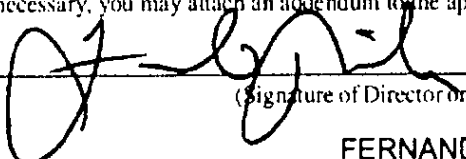
Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____
_____**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.12.  _____

(Signature of Director or Officer listed in number 12 of the application)

13. FERNANDO PINEDA - PRESIDENT

(Typed or printed name and capacity of person signing application)

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**Arkansas Secretary of State
John Thurston**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

Certificate of Good Standing

I, John Thurston, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show


MASONRY ENTERPRISES, INC

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office June 2, 2005.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.

In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 26th day of February 2021.




John Thurston
Secretary of State
Online Certificate Authorization Code: b934999597a0736
To verify the Authorization Code, visit sos.arkansas.gov

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