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K. Brumbley

COVER LETTER

TO:	O: Registration Section Division of Corporations						
SUBJ	ECT: National Construction Group,	Inc					
		f corporation	- must include suffix	_			
Dear S	ir or Madam:						
"Certif	closed "Application by Foreign Corficate of Existence," or "Certificate of referenced foreign corporation to tra	of Good Stan	Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida.				
Please	return all correspondence concernin	g this matter	to the following:				
Mustaf	a Farah						
		Name of	Person	_			
Nationa	al Construction Group, Inc						
		Firm/Com	pany	_			
4100 S	W 20th Avenue, Apt B-5						
	<u> </u>	Addre	ss	-			
Gaines	ville, FL 32607						
		City/State a	nd Zip code	_			
nationa	lconstructiongroups@gmail.com						
•	E-mail address:	(to be used f	or future annual report notification)	_			
For fur	ther information concerning this ma	tter, please c	all:				
Mustafa Farah		.t (<u>704</u>	226-6554				
	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				
Please r	ed is a check for the following amounake check payable to: FLORIDA DE. .00 Filing Fee	PARTMENT Fee & - [OF STATE \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certified Copy	ıs &			

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.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Mustafa Farah	orida)
North Carolina 3. 20-8648746 Odd of incorporation (Date of incorporation) (Date of duration, if other than perpetual)	'orida)
North Carolina 3. 20-8648746 Odd/10/2007 5. (Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual)	lorida)
North Carolina 3. 20-8648746 Odd/10/2007 5. (Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual)	
(Date of incorporation) (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) 4100 SW 20th Avenue, Apt B-5, Gainesville, FL 32607 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Mustafa Farab	
(Date of incorporation) (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) 4100 SW 20th Avenue, Apt B-5, Gainesville, FL 32607 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Mustafa Farab	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 4100 SW 20th Avenue, Apt B-5, Gainesville, FL 32607 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Mustafa Farab	_
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Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Mustafa Farah	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Mustafa Farah	
Mustafa Farah	
Name: Mustafa Farah	
ffice Address: 4100 SW 20th Avenue, Apt B-5	
Gainesville , Florida 32607 (City) (Zip code)	
(City) (Zip code)	
Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation a esignated in this application, I hereby accept the appointment as registered agent and agree to act in this orther agree to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligations of my position as registered agent.	s capacity
much Ca. Codh	
Mustafa farah (Registered agent's signature)	

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS							
□Chairman	Mustafa Farah	□ Chairman	Name:				
□Vice Chairman	Address: 4100 SW 20th Avenue, Apt B-5	□Vice Chairman	Address: 4100 SW 20th Avenue, Apt B-5				
□Director	Gainesville, FL 32607	□Director	Gainesville, FL 32607				
□President		■ President					
Vice President		□Vice President					
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer				
☐ Other	Other	□Other	Other				
□Chairman	Nume:	□ Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□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					
☐ Secretary	□Treasurer	□Secretary	□Treasur er				
□Other		Other	Other				
	Use an attachment to report more than six (6). The attachment added to the index when filing your Florida Departme	nt of State Annual Re	port form.				
12.	Must be Faith Signature of Director of	r 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. Mustafa Farah, VP							



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

NATIONAL CONSTRUCTION GROUP, INC

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 10th day of April, 2007, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 9th day of December, 2021.

Elaine J. Marshall