Florida Department of State

Division of Corporations Election & Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

ö

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number ; (855)330-1010

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

Email	Address:	

FOREIGN PROFIT/NONPROFIT CORPORATION OFFICEZONE INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

S. FRANKLIN

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<u>:</u>:

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Electronic Filing Menu Corporate Filing Menu

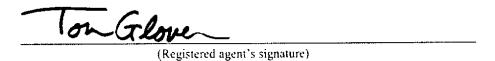
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

I. OFFICEZO			
	orporation; must include "INCORPORATED," " forp," "Inc," "Co," or "Corp,")	COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transacting business	s in Florida)
, New Yo	rk .		
2. (State or country under the law of which it is incorporated) (FEI number, if applicable			
4. 05/26/20	015		
	e of incorporation)	(Date of duration, if other than perpe	tual)
6.			
	(Date first transacted business in F	lorida, if prior to registration)	 -
	(SEE SECTIONS 607.1501 & 607.1503	•	20
_{7.} 209-34 Nor	thern Blvd, Suite # 1029 Baysid		2024
	(Principal office		• #
8380 Sand	ls Point Blvd # J306 Tamarac Flo	orida 33321	i O
	(Current mailing a	iddress, if different)	יכנ
8. Name and stre	et address of Florida registered agent: (P.O. I	30x NOT acceptable)	VH 10: 39
Name:	Northwest Registered Agent LLC	_	9
Office Address:	7901 4th St N STE 300	<u> </u>	
	St. Petersburg	, Florida <u>33702</u>	
	(City)	(Zip code)	
0 Pagistared on	ant's accentance		

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.



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.

A. DIRECTORS				
□Chairman	Name: Syed Elias	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
☑ Director	8380 Sands Point Blvd # J306	Director		
☐President	TAMARAC FL 33321	□President		
□Vice President		□Vice President		
☑ Secretary	□Treasurer	□Secretary		□Treasurer
□Other	Other	□Other		□Other
□Chairman	Name:	□Chairman		
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer 2024
□Other		□Other		□Treasurer 2024 £:
				6-
□ Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	—————————————————————————————————————
□Director		Director		<u></u>
□President	- Ithan and Affair	□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□ Secretary		□Treasurer
□Other	□Other	□Other		□Other
individuals may be	Use an attachment to report more than six (6). The added to the index when filing your Florida Department of the index when filing your Florida Department.	rtment of State Annual Re	port form.	
12.	Syed Clias Signature of Direct	tor or Officer		
The officer or dire	ctor signing this document (and who is listed in nur alse information submitted in a document to the De	mber 11 above) affirms th	at the facts state	d herein are true and that he of

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

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I. ROBERT J. RODRIGUEZ. Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: OFFICEZONE INC.

DOS ID Number: 4763854

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 05/26/2015

Statement Status: PAST DUE DATE

Statement Due Date: 05/31/2017

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on August 05, 2022 at 12:02 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C. Higher

By Brendan C. Hughes
Executive Deputy Secretary of State

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