2000005270

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





000390561710

RECEIVED

S. ROBERTS AUG 19 2022

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195						
REFERENCE : 885880 8389132						
AUTHORIZATION: Spelle Ren						
COST LIMIT : \$ 70.00						
ORDER DATE : August 16, 2022						
ORDER TIME : 1:52 PM						
ORDER NO. : 885880-005						
CUSTOMER NO: 8389132						
FOREIGN FILINGS						
NAME: ZONA, INC.						
XXXX QUALIFICATION (TYPE: <u>CO</u>)						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING						

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

COVER LETTER

TO: Registration Section Division of Corporations						
SHBJI	ECT:	ZONĄ INC.				
SCD0	LCI.		ne of corporat	ion - must	include suffix	
Dear S	ir or M	adam:				
"Certif	icate of	"Application by Foreign Existence," or "Certific ced foreign corporation t	ate of Good S	Standing" a	nd check are sub	
Please	return a	all correspondence conce	erning this ma	tter to the	following:	
		Emman	vel So	+0		
			Name	of Person		
		20	NA, 11 Firm/0	IC.		
	74	10 Bayshore	Drive	Apr	+ 7	
	Fo	rt Lauderda	le F	lorid	a, 33.	304
			Ony, sta	ш		
	Z	2 ona vehicles	5 @ gm	zil. c	om	
		E-mail add	ress: (to be us	ed for futu	re annual report r	notification)
For fur	ther in	formation concerning thi	s matter, plea	se call:		
Em	ma	nuel Soto	at (30	s , 7	47-37	57
	Name	of Person	Area (Code	Daytime Telep	hone 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 i	nake ch	check for the following a eck payable to: FLORIDA ng Fee	DEPARTME	□ \$78.7	ATE 5 Filing Fee & fied Copy	S87.50 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.

I. ZONĄ INC.			<u> </u>
(Enter name of c	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATIO	N,"
	able in Florida, enter alternate corporate name a		
2.	Delaware ry under the law of which it is incorporated) 3.	-	
4	5. of incorporation)		
(Date	of incorporation)	(Date of duration, if other	than perpetual)
6			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 02, F.S., to determine penalty liabil	ity)
7. 740 Bayshore Dr	ive Apt 7 Fort Lauderdale, FL 33304		•
	(Principal offic	e street address)	
	(Current mailing	address, if different)	
8 Name and street	at address of Florida registered agent. (P.O.	Day NOT	
o. Name and sire	et address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)	: 2
Name:	Lydia E Arvelo		22 A
Office Address:	12555 Orange Dr., Suite 104		377 AUG 19
	Davic	, Florida 33330	·
	(City)	(Zip code)	AH II: 0
designated in this further agree to c	ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes re- with and accept the obligations of my posi-	ent as registered agent and agr lative to the proper and comple	on d corporation at the place ee to act in this capacity. I
L	ydia E Arvelo		

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.

By:

A. DIRECTORS				
A Chairman	Name:	□Chairman	Name:Address:	
□Vice Chairman	Address: 740 Bayshore Drive Apt 7	□Vice Chairman		
₩ Director	Fort Lauderdale, FL 33304	□Director		
₽ President		□President		
□Vice President		□Vice President		
Secretary	Treasurer	□ Secretary		□Treasurer
CEO CEO	Other	Other		□Other
□Chairman Vice Chairman Director	Anthony Soto Name: 740 Bayshore Drive Apt 7 Address: Fort Lauderdale, FL 33304	Apt 7		
□President		□President		
■Vice President		□Vice President	<u> </u>	
□Secretary	□Treasurer	□Secretary		□Treasurer
□Other	Other	□Other		□Other
	Name:	□Chairman □Vice Chairman		
□Director		□Director		
□President		□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 atta added to the index when filing your Florida Department Jodo Signature of Director of	ent of State Annual Ro	eport form.	•
The officer or direct she is aware that falls.817.155, F.S.	tor signing this document (and who is listed in number lise information submitted in a document to the Depart	er 11 above) affirms th	at the facts stated	I herein are true and that he or
13. <u>Entitudado e</u>				

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

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ZONA, INC." IS DULY INCORPORATED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE SIXTEENTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ZONA, INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



Authentication: 204171407

Date: 08-16-22