## F230000655/

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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#### **COVER LETTER**

	tration Section ion of Corporations			
	Zak Systems, Inc.			
ocbobe i.		of corporation -	must include suffix	
Dear Sir or M	adam:			
"Certificate o		of Good Standi	uthorization to Transact Business in Florid ng" and check are submitted to register th in Florida.	
Please return :	all correspondence concerni	ing this matter to	the following:	
Eugene Sawch	uk			
		Name of Pe	erson	
Zak Systems, I	ne,			
		Firm/Compa	any	<del></del>
243 Catface Dr	•			; <u>.</u>
		Address	;	
Inlet Beach, Fl	. 32461			
		City/State and	Zip code	-
gene.sawchuk@	@zaksystemsit.com	,	•	
	E-mail address	: (to be used for	future annual report notification)	
For further in	formation concerning this m	natter, please cal	1:	
Eugene Sawch	uk	770	7220564	
Name	e of Person	Area Code	Daytime Telephone Number	
Regis Divis: The C 2415	EET/COURIER ADDRES tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a	check for the following amo	ount:		

☐ \$78.75 Filing Fee &

□ \$87.50 Filing Fee,

Please make check payable to: FLORIDA DEPARTMENT OF STATE

☐ \$78.75 Filing Fee &

**■** \$70.00 Filing Fee

#### 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.

Zak Systems, In	ic.			
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)		
Virginia 2.	3	54-1650904		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
4. 1/1993	5.			
	of incorporation)	(Date of duration, if other than perpetual)		
6. 10/2023				
77.		502, F.S., to determine penalty liability)  fice street address)		
Inlet Beach FL 3	2461		20%	
	(Current maili	ng address, if different)	23 ¥0:	
8. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)	2023 NOV 17 AM 9:	
Name:	Eugene Sawchuk	······································	ÅH 9	
Office Address:	243 Catface Dr		- - - -	
	Inlet Beach	, Florida		
	(City)	(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)

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								
<b>■</b> Chairman	Name: Eugene Sawdiell	□Chairman	Name:					
□Vice Chairman	Address: 273 Certface D1	□Vice Chairman	Address:					
□Director	Inlet Beach FL 3246/	□Director						
President	Eugene Sawchuk	□President	·					
□Vice President		□Vice President						
□Secretary	□Treasurer	□Secretary		□Treasurer				
Other	Other	Other		□Other				
□Chairman	Name:	□Chairman	Name:					
	Address:	□Vice Chairman						
□Director		Director						
□President		□President		2023				
		□Vice President						
Secretary	☐Treasurer	☐ Secretary		☐Treasurer · ·	•			
□Other		□Other		Other	!!			
				원 =				
□ Chairman	Name:	□Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:					
□Director	<del></del>	□Director						
□President		□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.

## Commonwealth of Hirginia



### State Corporation Commission

#### CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That ZAK SYSTEMS, INC. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on January 6, 1993;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

October 24, 2023

Bernard J. Logan, Clerk of the Commission



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 2, 2023

EUGENE SAWCHUK ZAK SYSTEMS, INC. 243 CATFACE DR INLET BEACH, FL 32461

SUBJECT: ZAK SYSTEMS, INC Ref. Number: W23000149421

We have received your document for ZAK SYSTEMS, INC. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$70.00.

We have received your document for ZAK SYSTEMS, INC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$70.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Operations Manager A

RECEIVED
NOV 17 2023

Letter Number: 523A00025449