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SECTION OF STATE
TALL ADARSEES FL

### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Zoso Construction, Inc.			
Name of corporation	- must include suffix		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stan above referenced foreign corporation to transact businesses."	iding" and check are submitted to register the		
Please return all correspondence concerning this matter	r to the following:		
Sara Hrncirik			
Name of	Person		
Zoso Construction, Inc.			
Firm/Con	npany		
3910 Haverhill Dr.			
Addr	ess		
Charlotte, NC 28209			
City/State a	nd Zip code		
zosoconstruction@mail.com			
E-mail address: (to be used	for future annual report notification)		
For further information concerning this matter, please of	call:		
Lindsay Gebel at (704	975-0703		
Name of Person Area Cod	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		
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT  \$70.00 Filing Fee	T <b>OF STATE</b> □ \$78.75 Filing Fee & □ \$87.50 Filing Fee,  Certified Copy 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.

Zoso Constructi	on, Inc.				
	orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp,")	ED,"	"COMPANY," "CORPORATION	ί,"	_
(If name unavail	able in Florida, enter alternate corporate na	ine a	dopted for the purpose of transacting	g business in Florida	<u> </u>
2. North Carolina		ń	88-3860904		
	y under the law of which it is incorporated	)	(FEI number, if applicable)		_
4		5	<u> </u>	· · · · · · · · · · · · · · · · · · ·	_
(Date	(Date of incorporation)		(Date of duration, if other than perpetual)		
6				<del></del>	_
			Florida, if prior to registration) 22, F.S., to determine penalty liabili	ty)	
3910 Haverhill D	r., Charlotte, NC 28209				
·	(Principal	offic	e <u>street</u> address)		_
	(Current m	ailing	address, if different)	<del></del>	_
8. Name and stree	et address of Florida registered agent: InCorp Services, Inc.	(P.O.	Box NOT acceptable)	2024 NOV 13 SEGME PAR TALLAHA	
Office Address:	3458 Lakeshore Dr.		<del></del>	13 PM AR : OF ARASSE	7.7
	Tallahassee		, Florida <sup>323</sup> 12	- ST - 2:	
	(City)		(Zip code)	2: 35 STATE E. FL	

#### 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.

Heather Glenn on behalf of InCorp Services, Inc.
(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	C 4 17 121		Cronom, I. Umairik				
□Chairman	Name: Sara A. Hrncirik	□ Chairman	Name: Gregory J. Hrncirik				
□Vice Chairman	Address: 3910 Haverhill Dr.	□Vice Chairman	Address: 3910 Haverhill Dr.				
□Director	Charlotte, NC 28209	□Director	Charlotte, NC 28209				
President	<del></del>	□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	■ Secretary	□Treasurer				
□Other	Other	Other	□Other				
□ Chairman	Steve Jr. Hrncirik	□Chairman	Name:				
■Vice Chairman	3900 Haverhill Dr.	□Vice Chairman					
☐ Director	Charlotte, NC 28209	□ Director	Addicss.				
□President		□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer				
Other	Other	Other	□Other				
□ Chairman	Name:	□Chairman	Name:				
	Address:		Address:				
□ Director		☐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.



# 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

## ZOSO CONSTRUCTION, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 10th day of August, 2022, 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.





6 laine I Marshall

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 25th day of September, 2024.

Secretary of State

Scan to verify online.

Certification# 121096551-1 Reference# 21888791- Page: 1 of 1 Verify this certificate online at https://www.sosnc.gov/verification