

6/19/24, 9:54 AM

Division of Corporations

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Florida Department of State  
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**FOREIGN PROFIT/NONPROFIT CORPORATION****Absolute Construction, Inc.**

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**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.*

1. ABSOLUTE CONSTRUCTION, INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
- ABSOLUTE CONSTRUCTION NWI, INC.  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. INDIANA 3. 35-2088585  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. OCTOBER 12, 1999 5. PERPETUAL  
(Date of incorporation) (Date of duration, if other than perpetual)
6. 954 KENNEDY AVENUE, SUITE A, SCHERERVILLE, IN 46375  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 954 KENNEDY AVENUE, SUITE A, SCHERERVILLE, IN 46375  
(Principal office street address)  
954 KENNEDY AVENUE, SUITE A, SCHERERVILLE, IN 46375  
(Current mailing address, if different)

3. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: API PROCESSING - LICENSING, INC.

Office Address: 3419 GALT OCEAN DRIVE, SUITE A  
FORT LAUDERDALE, Florida 33308  
(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.*

Kathleen Adams  
(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.

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

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## A. DIRECTORS

☐ Chairman Name: MARIAN SOCHACKI

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director 954 KENNEDY AVENUE, SUITE A

☐ President SCHERERVILLE, IN 46375

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☒ Other CEO ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: VINCE SOCHACKI

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director 954 KENNEDY AVENUE, SUITE A

☐ President SCHERERVILLE, IN 46375

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☒ Other COO ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: STEVEN SOCHACKI

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director 954 KENNEDY AVENUE, SUITE A

☐ President SCHERERVILLE, IN 46375

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☒ Other CFO ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ 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. Marian Sochacki  
Marian Sochacki (Jun 19, 2024 08:11 CDT)  
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.

13. MARIAN SOCHACKI, CEO  
(Typed or printed name and capacity of person signing application)

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**State of Indiana  
Office of the Secretary of State**

**CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greeting:

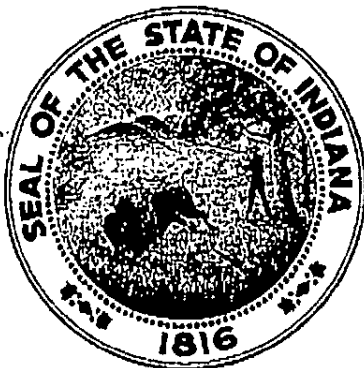
I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**ABSOLUTE CONSTRUCTION, INC.**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on October 12, 1999, and was in existence or authorized to transact business in the State of Indiana on June 19, 2024.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, June 19, 2024

*Diego Morales*

DIEGO MORALES  
SECRETARY OF STATE

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All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on July 19, 2024.

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