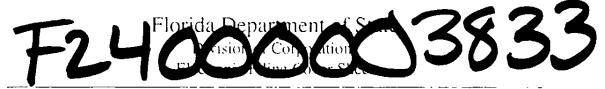
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000242849 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : INCFILE.COM LLC

Account Number : I20220000070

: (888)462-3453

Fax Number

: (877)919-2613

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

Email Address:

EFILE1234@INCFILE.COM

## FOREIGN PROFIT/NONPROFIT CORPORATION ZOBOV INC.

Certificate of Status	1
Certified Copy	0
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: ZOBOV INC.	
Name of corporation - must include suffix	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Bus "Certificate of Existence," or "Certificate of Good Standing" and check are submitted above referenced foreign corporation to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
LOVETTE DOBSON	
Name of Person	•
Firm/Company	
17350 STATE HWY 249 STE 220	
Address	
HOUSTON, TX 77064	
City/State and Zip code	
EFILE1234@INCFILE.COM  E-mail address: (to be used for future annual report notific	
i;-mail address; (to be used for future annual report notific	ation)
For further information concerning this matter, please call:	
LOVETTE DODGON 1 999 462 2452	
Name of Person Area Code Daytime Telephone i	
Alla Code Payante receptione	vanace:
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Division of Corporations P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32, Tallahassee, FL 32303	tions
Inclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE  □ \$70.00 Filing Fee ★ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □  Certificate of Status Certified Copy	\$87,50 Filing Fee, Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA (((H24000242849 3)))

1.	ZOBOV INC.			
(Enter name of c	orporation: must include "INCORPORATED," orp." "Inc." "Co." or "Corp.")	"COMPANY." "CORPORATIO	N."	
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacti	ng business in Florida)	
Delaware	3. (	87-4240252		
	y under the law of which it is incorporated)	(EEI number, if a	ppticable)	
11/29/202	.1 <sub>5.</sub> :	Perpetual		
(Date	of incorporation)	(Date of duration, if other than perpetual)		
3479 Ne	·	2, F.S., to determine penalty liabil	lity)	
3. Name and <u>stree</u>	t address of Florida registered agent: (P.O.	Box NOT acceptable)	202	
Name:	REPUBLIC REGISTERED	AGENT LLC		
Office Address:	1150 Nw 72nd Ave Tower	<u>1</u> Ste 455	2024 JUN 19	
	Miami (City)	, Florida <u>33126</u> (Zip code)	PH -: 1	
Having been nam lesignated in this further agree to co	ent's acceptance; ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rel with and accept the obligations of my posi	ent as registered agent and agr ative to the proper and comple	d corporation at the place wee to act in this capacity.	

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 ice Chairman  Duector  President		
ےPresiden:		
∏Vide President	<del></del>	
LJ Secretary		171 reasmer
Flother		Clumer
LJChairman	Name:	
El Vice Chairman	Address:	
DDirector		
T.President		
□ Vice President		
DSecretary		Diffeasure)
73Other		[]Other
□Chairman	Name;	
□ Vice Chairman	Address:	
DDirector		
□President		
□ Vice President		
☐ Secretary		111 (casurer
COther		· Other
iment will be imaged t of State Annual Rej	for report out form.	ing purposes only. Non-indexed
II above) aftirms tha ent of State constitut	t the facts es a third o	stated herein are true and that he or tegree felony as provided for in
sident		
	ED lice President  ED Chairman  ED lice Chairman  ED lice Chairman  ED lice President  ED Secretary  ED Chairman  ED lice Chairman  ED lic	USecretary  USecretary  USecretary  UChairman Name:  UVice Chairman Address:  UDirector  UPresident  USecretary  UChairman Name:  UChairman Name:  UChairman Name:  UChairman Address:  UDirector  UPresident  USecretary  UChairman Address:  UDirector  UPresident  USecretary  UChairman Address:  UChairman Address:

## Delaware The First State

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Page 1

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

DELAWARE, DO HEREBY CERTIFY "ZOBOV 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 SEVENTEENTH DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ZOBOV INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF NOVEMBER, A.D. 2021.

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

6426455 8300 SR# 20243158504

You may verify this certificate online at corp delaware gov/authver stitm!

Authentication: 203942379

Date: 07-17-24

(((H24000242849 3)))