(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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INC.

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WALK IN

	PICK UP	P: MISTY 12/26
	CERTIFIED COPY	
XX	РНОТОСОРУ	
	CUS	
XX	FILING	FOREIGN INC
1.	ONECLOUD CORPORATIO	ON, INC.
2.	(CORPORATE NAME AND DOCUME)	NT #)
3.		
4.	(CORPORATE NAME AND DOCUME:	N'Γ #)
· ·	(CORPORATE NAME AND DOCUME)	NT #)
<i>5</i> .	(CORPORATE NAME AND DOCUME)	Note that
6.	(CORPORATE NAME AND DOCUME:	N1 #)
	(CORPORATE NAME AND DOCUME)	NT #)
SPECIAI	. INSTRUCTIONS:	
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COVER LETTER

	stration Section ion of Corporations			
SUBJECT:	OneCloud Corporation, I	nc.		
50.00.50.1.	Name c	of corporation -	must include suffix	
Dear Sir or M	adam:			
"Certificate o	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to tr	of Good Stand	ing" and check are sub-	
Please return	all correspondence concerni	ng this matter t	o the following:	
Maria Long				
		Name of P	erson	
Compliance Se	olutions, Inc.			
		Firm/Comp	any	
242 Rangeline	Rd.			
-		Addres	is	
Longwood, FL	. 32750			
		City/State an	d Zip code	
sosteam@esile	=			
	E-mail address	to be used fo	r future annual report n	otification)
For further in	formation concerning this m	atter, please ca	II:	
Maria Long		407 at (260-1011	
Nam	e of Person	Area Code	Daytime Telepl	hone Number
Regis Divis The C 2415	EET/COURIER ADDRESS stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
	check for the following amo leck payable to: FLORIDA DE ing Fee	PARTMENT (g Fee &	OF STATE \$78.75 Filing Fee & Certified 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.

	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	
	munications, Inc.		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business	ess in Florida)
NC	3	83-3791356	
2. (State or country under the law of which it is incorporated)		(FEI number, if applicable)	
05/24/2024		Perpetual	
. (Date of incorporation) 5.		(Date of duration, if other than perpetual)	
12/23/2024			
1824 Industrial C	Center Circle, Charlotte, NC 28213 (Principal off	ice street address)	
	(Current maili	ng address, if different)	24
Name and street	et address of Florida registered agent: (P.	D. Box NOT acceptable)	9 0.000 seed at 1000 seed at 1
Name:	Corporation Service Company		9h (
ffice Address:	1201 Hays Street		AH 8
	Tallahassee	, Florida <u>32301</u>	8: 4-9
	(Citv)	(Zip code)	77

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.

Corporati	ion Service Company	
By:	Alyssa Green Assistant Secretary	
	(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 Scott Clontz Brian Clontz Name: □ Chairman □ Chairman 1824 Industrial Center Circle, 1824 Industrial Center Circle, Address: Address: _ □ Vice Chairman □Vice Chairman Charlotte, NC 28213 Charlotte, NC 28213 □ Director Director ☐ President President □Vice President ■Vice President ☐ Secretary □Treasurer ☐ Secretary **■**Treasurer □Other _____ □Other _____ Other _____ □Other _____ Name: _____ □ Chairman Name: _____ □Chairman □Vice Chairman Address: □Vice Chairman Address: ______ □ Director Director ☐ President □ President □Vice President □ Vice President □Treasurer ☐ Treasurer □ Secretary ☐ Secretary □Other _____ □Other _____ □Other ______ Name: ____ □ Chairman □ Chairman Name: _______ □Vice Chairman Address: ☐ Vice Chairman Address: □ Director □Director □President ☐ President □Vice President _______ □Vice President □Treasurer □ Secretary ☐Treasurer □ Secretary □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. /s/ Brian Clontz 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. Brian Clontz 13.



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

ONECLOUD CORPORATION, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 24th day of May, 2024, 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.





Scan to verify online.

of Raleigh, this 19th day of December, 2024.

Elaine J. Marshall

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City

Secretary of State

Certification# 121619303-1 Reference# 22097249- Page: 1 of 1 Verify this certificate online at https://www.sosnc.gov/verification