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COVER LETTER

TO:		tration Section ion of Corporations			
SUBJ	FCT.	FOUR SEASONS CONSTRU	ICTION . INC	•	
., ., .,		Name of corporation - must include suffix			
Dear S	ir or M	adam:			
"Certif	icate of	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to tr	of Good Star	nding" and check are subr	
Please	return a	all correspondence concerni	ig this matter	r to the following:	
ADRIA	AN MID	DLETON, ESQ			
			Name of	Person	
SWOR	D & SH	HELD LLC			
			Firm/Con	npany	
1437 N	1ARKE	r st			
			Addr	ess	
TALL	AHASS!	EE, FL 32312			
			City/State a	nd Zip code	
BIZ@ S	WORD	ANDSHIELD.COM			
		E-mail address:	(to be used	for future annual report n	otification)
For fur	ther int	ormation concerning this ma	itter, please c	call:	
ADRIA	N MID	DLETON, ESQ	850 at (815 0256	
	Name	e of Person	Area Cod	e Daytime Teleph	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		i:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		
	nake ch	check for the following amo- eck payable to: FLORIDA DE ng Fee	PARTMENT Fee & [OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 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.

(Enter name of c "Inc.," "Co.," "C	corporation: must include "INCORPORATED." forp." "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATION	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
FOUR SEASO	NS DEVELOPMENT & CONSTRUCTION IN	(*	
(If name unavail	able in Florida, enter alternate corporate name a	idopted for the purpose of transact	ting business in Florida)
MASSACHUS	EITS 3		
(State or counti	ry under the law of which it is incorporated)	(FEI number, if a	applicable)
1/14/2011	5		
(Date	5. of incorporation)	(Date of duration, if othe	r than perpetual)
	(SEE SECTIONS 607.1501 & 607.15	v2, 1 .5., to determine penalty had	inty /
		ce <u>street</u> address)	
MARLBOROUG	(Principal official) iH, MA, 01752	g address, if different)	2
MARLBOROUG	(Principal official) iH, MA, 01752	g address, if different) . Box <u>NOT</u> acceptable)	2025 JAN - 7 AM 10: 00

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.

/s/ KAREN ARIZA	
(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 Name: ____ ALEXANDRE ABELHA □ Chairman □ Chairman Nume: □ Vice Chairman Address: □ Vice Chairman Address: 143 LINCOLN ST, APT 2 □ Director Director MARLBOROUGH, MA. 01752 President □President □Vice President □Vice President Secretary □ Secretary □ Treasurer □Treasurer □Other _____ □Other _____ □Other _____ □Other _____ Name: _____ □Chairman Name: □ Chairman □Vice Chairman Address: ______ □Vice Chairman Address: _____ Director □ Director □President □President □Vice President ___ □Vice President □ Secretary □Treasurer □ Secretary □Treasurer □Other _____ □Other_____ \Box Chairman □ Chairman Name; □Vice Chairman Address; □ Vice Chairman Address: □Director □Director □President □ President □Vice President _____ □ Vice President □ Secretary □Treasurer □ Secretary □Treasurer □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. /S/ ALEXANDRE ABELHA

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, E.S.

PRESIDENT - ALEXANDRE ABELHA



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

Date: December 23, 2024

To Whom It May Concern:

I hereby certify that according to the records of this office.

FOUR SEASONS CONSTRUCTION, INC.

Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which.

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

Villean Trenin Gallein

Certificate Number: 24120429750

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: tad