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Certified Copies	Certificates	of Status	
Special Instructions	to Filing Officer:		]
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#### **COVER LETTER**

		tration Section on of Corporations			
SUBJE	CT:	Barzo Enterprises Inc.			
		Name of	corporation	- must include suffix	
Dear Sir	or M	adam:			
"Certific	ate of	"Application by Foreign Corp 'Existence," or "Certificate of red foreign corporation to tran	f Good Stan	ding" and check are sub-	
Please re	turn a	ill correspondence concerning	g this matter	to the following:	
Max Sala	in				
		<del></del>	Name of I	Person	
Jimerson	Birr F	P.A.			
			Firm/Com	pany	
One Inde	pende	nt Drive Suite 1400			
		· · ·	Addre	ss	
Jacksonvi	ille, Fl	1, 32202			
			City/State a	nd Zip code	
msalain@	)jimer	sonfirm.com			
		E-mail address:	to be used f	or future annual report n	otification)
For furth	ier inf	ormation concerning this ma	ter, please c	all:	
Max Sala	iin	а	904	389-0050	
	Name	e of Person	Area Code		
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, F1, 32314			
	ike ch	check for the following amou eck payable to: FLORIDA DEI ng Fee	PARTMENT Fee &	OF STATE I \$78.75 Filing Fee & Certified Copy	<ul> <li>\$87.50 Filing Fee.</li> <li>Certificate of Status &amp; Certified Copy</li> </ul>

### 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.

Barzo Enterprise	es Inc.		
(Enter name of c	orporation: must include "INCORPORATED. orp." "Inc." "Co." or "Corp.")	" "COMPANY," "CORPORATION,"	
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting bus	siness in Florida)
2. Virginia	3	27-1818512	
(State or countr January 23, 201)	y under the law of which it is incorporated)	(FEI number, if application)	
(Date		(Date of duration, if other than p	perpetual)
	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1. St. Johns, FL 32259	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
-	(Principal off	ice <u>street</u> address)	<b>.</b>
	(Current mailin	ng address, if different)	
8. Name and stree	et address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)	<u> </u>
Name:	Jimerson Birr P.A.		
Office Address:	One Independent Drive Suite 1400		1.4 10
Willes I Marie Co.	Jacksonville, FL	. Florida 32202	. cs
	(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.

(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	Mary R. Barzoloski			Lawrence E. Barzoloski
□ Chairman	Name:	□ Chairman	Name:	97 Elk Grove Ln
□Vice Chairman	Address: 97 Elk Grove Ln	☐ Vice Chairman	Address:	
Director	St. Johns, FL 32259	Director		St. Johns, Ft. 32259
President		□President		
□Vice President		■ Vice President		
□Secretary	☐Treasurer	☐ Secretary		☐ Treasurer
□Other	□Other	□Other		□Other
□Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director		Director		
□President		□President		
□Vice President		□Vice President		
□ Secretary	☐Treasurer	Secretary		□Treasurer
□Other	□Other	□Other		□Other
□Chairman	Name:	Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director		Director		
□President		□President		
□Vice President		□Vice President		<u> </u>
☐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 I	false information submitted in a document to the Departs	ment of State constitu	ites a third	degree felony as provided for in

s 817.155, F.S.

Mary R. Barzoloski, President

# Commontoralltho Hirginia



## State Corporation Commission

#### CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That Barzo Enterprises Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on January 23, 2010;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

November 22, 2024

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER: 2024112221059438