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T. LEMIEUX FEB 24 2025

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: Z-SKY, INC.		
501701		f corporation	- must include suffix
Dear S	ir or Madam:		
"Certif		of Good Stan	Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida.
Please	return all correspondence concernir	ng this matter	to the following:
OLEG	ZAVELSKY		
		Name of I	Person
		Firm/Com	pany
55 STC	ONE GATE RD		F. •
		Addre	ess
LAKE	FOREST IL 60045		
		City/State ar	nd Zip code
OLEG(@Z-SKY.COM		
	E-mail address:	(to be used f	or future annual report notification)
For fur	ther information concerning this ma	atter, please c	all:
DMITE	RIY MELESHKO	847 at (279-8448
	Name of Person	Area Code	Daytime Telephone Number
	STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303	5 :	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Please n	ed is a check for the following amornake check payable to: FLORIDA DE .00 Filing Fee \$78.75 Filing Certificate of	PARTMENT g Fee & □	OF STATE ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy 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.

(If name unavail ILLINOIS	able in Florida, enter alternate corporate name ad		ness in Florida)
(State or countr	33	6-1343075 (FEI number, if applicab	le)
11-01-2007	-	•	
(Date	of incorporation)	(Date of duration, if other than pe	erpetual)
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)		
55 STONE GA	TE RD., LAKE FOREST IL 60045		
			
	(Principal office	street address)	
		street address) address, if different)	
Name and stree	(Current mailing et address of Florida registered agent: (P.O.	address, if different)	.0
Name and stree Name:	(Current mailing et address of Florida registered agent: (P.O. OLEG ZAVELSKY	address, if different)	©
	(Current mailing et address of Florida registered agent: (P.O. OLEG ZAVELSKY 1000 MENDEL AVE	address, if different) Box NOT acceptable)	© (%)
Name:	(Current mailing et address of Florida registered agent: (P.O. OLEG ZAVELSKY 1000 MENDEL AVE	address, if different) Box NOT acceptable)	50 Sec. L-
Name:	(Current mailing et address of Florida registered agent: (P.O. OLEG ZAVELSKY 1000 MENDEL AVE	address, if different) Box NOT acceptable)	60 Sunt - 11
Name: Tice Address:	(Current mailing et address of Florida registered agent: (P.O. OLEG ZAVELSKY 1000 MENDEL AVE MARCO ISLAND (City)	address, if different)	Sant - I the
Name: Tice Address: Registered ag:	(Current mailing et address of Florida registered agent: (P.O. OLEG ZAVELSKY 1000 MENDEL AVE	Box NOT acceptable) Florida 34145 (Zip code)	11 11 11 11 11 11 11 11 11 11 11 11 11
Name: fice Address: Registered agoving been name	(Current mailing et address of Florida registered agent: (P.O. OLEG ZAVELSKY 1000 MENDEL AVE MARCO ISLAND (City) ent's acceptance:	Box NOT acceptable)	oration at the p

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.

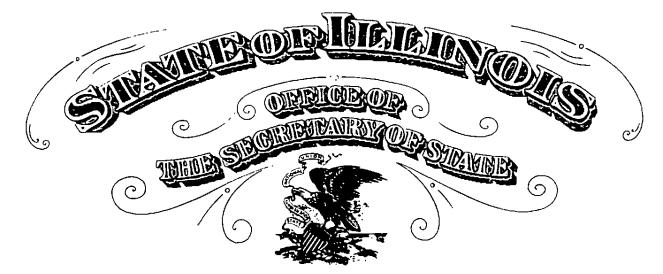
A. DIRECTORS Name: NATALIE ZAVELSKY OLEG ZAVELSKY Name: □ Chairman □Chairman 55 STONE GATE RD 55 STONE GATE RD Address: □Vice Chairman □Vice Chairman Address: LAKE FOREST IL 60045 LAKE FOREST IL 60045 Director □ Director ■ President □President □ Vice President ☑ Vice President □ Treasurer □Treasurer □ Secretary □ Secretary □Other ____ □Other __ _ _____ ☐ Other ______ Name: _____ Name: _____ □ Chairman □Chairman □Vice Chairman Address: ______ □Vice Chairman Address: □ Director □ Director □President □ President □Vice President ______ ☐ Vice President ☐Treasurer □ Secretary ☐Treasurer □ Secretary □()ther □Other □()ther □ Chairman □ Chairman Name: ______ □Vice Chairman Address: ____ □Vice Chairman Address: ____ □Director □ Director □President □ President □Vice President ____ □Vice President □ 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. 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.

OLEG ZAVELSKY , V.

File Number

6581-684-9



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the

Department of Business Services. I certify that

Z-SKY, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 01, 2007, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this day of FEBRUARY A.D. 2025

Authentication #: 2503604244 verifiable until 02/05/2026

Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE