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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 AUG 23 11:34 AM

S. FRANKLIN
AUG 23 2022

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

OLIVET UNIVERSITY, INC.

1. _____
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
OLIVET THEOLOGICAL COLLEGE AND SEMINARY, INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. CALIFORNIA _____ 3. 20-0909475 _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/3/2004 _____ 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. 3/24/2021 _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 36401 TRIPP FLATS RD, ANZA, CA 92539 _____
(Principal office street address)

- _____ (Current mailing address, if different)

8. Higher Education, Religious _____
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)
- Name: InCorp Services, Inc. _____
Office Address: 17888 67th Court North _____
Loxahatchee _____, Florida 33470 _____
(City) (Zip Code)

10. 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)

11. 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.

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12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

A. DIRECTORS

Chairman Name: Ginturn Tran
36401 Tripp Flats Rd
 Vice Chairman Address: _____
Anza, CA 92539
 Director _____
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other: _____ Other: _____

Chairman Name: Matthias Gebhardt
36401 Tripp Flats Rd.
 Vice Chairman Address: _____
Anza, CA 92539
 Director _____
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other: _____ Other: _____

Chairman Name: Tak Wai Wong
73 Wheeler Rd.
 Vice Chairman Address: _____
Wingdale, NY 12594
 Director _____
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other: _____ Other: _____

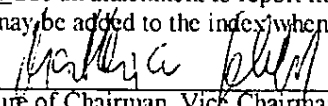
Chairman Name: Brian Kim
73 Wheeler Rd.
 Vice Chairman Address: _____
Wingdale, NY 12594
 Director _____
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other: _____ Other: _____

Chairman Name: Seonho Song
36401 Tripp Flats Rd
 Vice Chairman Address: _____
Anza, CA 92539
 Director _____
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other: _____ Other: _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other: _____ Other: _____

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NOTE: 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.

13. 
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Matthias Gebhardt, President
 (Typed or printed name and capacity of person signing application)



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: OLIVET UNIVERSITY
Entity No.: 2579533
Registration Date: 03/03/2004
Entity Type: Nonprofit Corporation - CA - Religious
Formed In: CALIFORNIA
Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 04, 2022.

Handwritten signature of Shirley N. Weber, Ph.D.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 008883736

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 7, 2022

MATTHIAS GEBHARDT
36401 TRIPP FLATS RD
ANZA, CA 92539 US

SUBJECT: OLIVET UNIVERSITY, INC.
Ref. Number: W22000102171

We have received your document for OLIVET UNIVERSITY, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$561.25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 522A00017614

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