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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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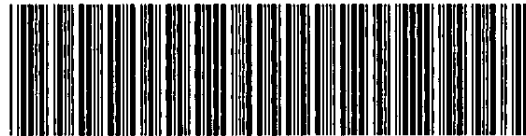
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: OLI, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

THOMAS E. NOVACK

Name of Person

OLI, INC.

Firm/Company

PO BOX 1481

Address

SPRINGFIELD, OR 97477

City/State and Zip code

hosannarealestate@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THOMAS NOVACK

at (541) 606-4316

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &
Certificate of Status

☐ \$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.*

1. OLI, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. OREGON 3. 93-1123908
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 7/28/1993 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. NOT APPLICABLE - NO BUSINESS TRANSACTED YET
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 758 B STREET SPRINGFIELD, OR 97477
(Principal office address)
- PO BOX 1481 SPRINGFIELD, OR 97477
(Current mailing address)
8. RESIDENTIAL & COMMERCIAL MANAGEMENT & SALES
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: THOMAS NOVACK
- Office Address: 3934 BENT TREE LOOP E
- LAKELAND, Florida 33813
(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. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: THOMAS NOVACK

Address: 2162 LOCH DRIVE SPRINGFIELD, OR 97477

Vice Chairman: _____

Address: _____

Director: WILLIAM NOVACK

Address: 1187 HINTERLAND COURT MONTICELLO, IN 47960

Director: TINA NOVACK

Address: 3700 BABCOCK LANE SPACE # 36 EUGENE, OR 97401

B. OFFICERS

President: THOMAS NOVACK

Address: 2162 LOCH DRIVE SPRINGFIELD, OR 97477

Vice President: _____

Address: _____

Secretary: TINA NOVACK

Address: 3700 BABCOCK LANE SPACE # 36 EUGENE, OR 97401

Treasurer: LIZA FLORY

Address: 3934 BENT TREE LOOP E. LAKELANE, FL 33813

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

Thomas B. Novack
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. THOMAS NOVACK

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FLORIDA

CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

I, KATE BROWN, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

OLI, INC.
was
incorporated
under the Oregon
Business Corporation Act
on
July 28, 1993

and is active on the records of the Corporation Division as of
the date of this certificate.

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TALLAHASSEE FLORIDA



In Testimony Whereof, I have hereunto set
my hand and affixed hereto the Seal of the
State of Oregon.

KATE BROWN, Secretary of State

February 21, 2013