

F17000003595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

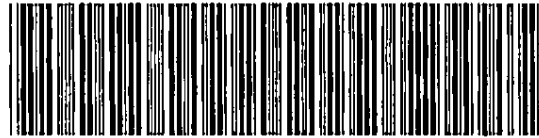
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[Handwritten signature]
8/11/17

COVER LETTER

TO: Registration Section
Division of Corporations
OLSSON ASSOCIATES, INC.

SUBJECT: _____
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:

Harbor Compliance	Name of Person
48-50 W Chestnut St Ste 301	Firm/Company
Lancaster, PA 17603	Address
mwilnerd@olssonassociates.com	City/State and Zip code
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Harbor Compliance	717	723-9317
_____	at (_____) _____	
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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.*

OLSSON ASSOCIATES, INC.

1. _____
(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)
Nebraska 47-0781766

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
09/29/1994

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
601 P Street Suite 200, Lincoln, NE 68508

7. _____
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: REGISTERED AGENTS INC.

Office Address: 3030 N. Rocky Point Drive, STE 150A

TAMPA, Florida 33607
(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.



Bill Havre/Secretary/Registered Agents Inc.

(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.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Brad Strittmatter

7332 South 103rd Ave.

Address: LaVista, NE 68128

Director: Jeffrey S. Jenkins

6620 West Shore Dr.

Address: Lincoln, NE 68516

B. OFFICERS

President: Ryan Beckman

562 Sandy Pointe Pl

Address: Ashland, NE 68003

Vice President: _____

Address: _____

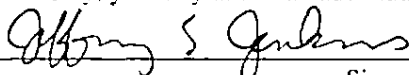
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

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 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.

Jeffrey S. Jenkins, Secretary

13. _____

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

Addendum to Application by Foreign Corporation for

Authorization to Transact Business in Florida

Olsson Associates, Inc., 47-0781766

11. Names and business addresses of officers and/or directors:

A. Directors, continued:

Director: Ryan Beckman, 562 Sandy Pointe Pl, Ashland, NE 68003

Director: John Olsson, 3630 Potomac Lane, Lincoln, NE 68515

Director: Melissa Newton, 126 Oak Circle West, Milford, NE 68405

Director: Jeffrey Ford, 1636 West Set Aside Ct, Lincoln, NE 68523 ✓

B. Officers, continued:

CFO and Secretary: Jeffrey S. Jenkins, 6620 West Shore Dr., Lincoln, NE 68516

CEO and Treasurer: Brad Strittmatter, 7332 South 103rd Ave., LaVista, NE 68128

Executive Vice President: John Olsson, 3630 Potomac Lane, Lincoln, NE 68515

Executive Vice President: Melissa Newton, 126 Oak Circle West, Milford, NE 68405

Executive Vice President: Jeffrey Ford, 1636 West Set Aside Ct, Lincoln, NE 68523

STATE OF NEBRASKA

United States of America, } ss.
State of Nebraska }

Secretary of State
State Capitol
Lincoln, Nebraska

I, John A. Gale, Secretary of State of the
State of Nebraska, do hereby certify that

OLSSON ASSOCIATES, INC.

**incorporated on September 29, 1994 and is duly incorporated under the law
of Nebraska;**

**that no occupation taxes due from and assessable against the Corporation are
unpaid and have become delinquent;**

**that no annual or biennial report required to be forwarded by the
Corporation to the Secretary of State has become delinquent;**

that Articles of Dissolution have not been filed.

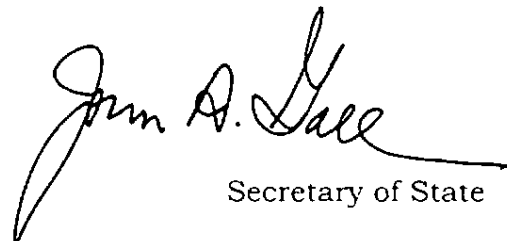
*This certificate is not to be construed as an endorsement,
recommendation, or notice of approval of the entity's financial
condition or business activities and practices.*

In Testimony Whereof,



I have hereunto set my hand and
affixed the Great Seal of the
State of Nebraska on this date of

July 10, 2017


Secretary of State