

FL70000041109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SEP 20 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 31, 2017

BOBAN OJLESKI
108 TOLLERTON AVE
SAINT JOHNS, FL 32259

SUBJECT: OJLESKI CORPORATION
Ref. Number: W17000067787

We have received your document for OJLESKI CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 417A00018079

2017 SEP 18 PM 1:37

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 SEP 18 PM 6:21

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1501, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. COLEMAN SERVICES, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," or "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

NR 2001, NR 2001
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. INDIANA 3. 47-416231
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/02/2001 5. perpetual
(Date of incorporation) (Term of duration, if and when perpetual)

6. 05/01/2001
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 108 TOLLERTON AVE. SAINT JOHNS FL 32259
(Principal office address)

(Current mailing address, if different)

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

Name: BOBAN OJESKI

Office Address: 108 TOLLERTON AVE
SAINT JOHNS
(City)

Florida 32259
(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.

Boban Ojeski
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to date of this application, to the Department of State, by the Secretary of State or other official having custody of a corporate record 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: BUDAN DINEEN

Address: 118 TOLLERTON AVE SAINT JOHNS FL 32259

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

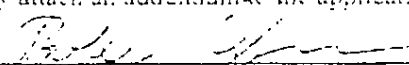
Secretary: _____

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 _____ 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.

13. BUDAN DINEEN

Typed or printed name and capacity of person signing application

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

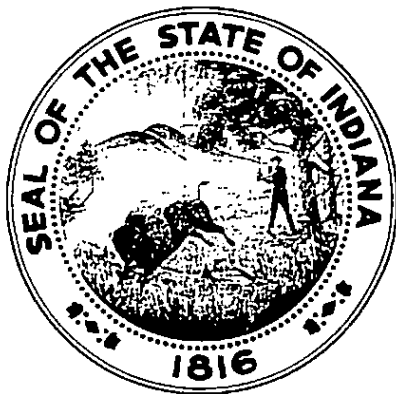
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

OJLESKI CORPORATION

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on January 02, 2011, and was in existence or authorized to transact business in the State of Indiana on September 13, 2017.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, September 13, 2017

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2010122900705 / 2017403634

Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>