F17000005836

(Reques	tor's Name)	
(Address	5)	
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(City/Sta	te/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Busines	ss Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing	g Officer:	
W17 -	96339	

Office Use Only



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TALLAHASSEE, FLORING

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COVER LETTER

TO: Registration Sect Division of Corpo			
•		. II. T	· ~ C
30bJEC1	Name of corporation	- must include suffix	
Dear Sir or Madam:		_	
"Certificate of Existence,	n by Foreign Corporation for " or "Certificate of Good Stan corporation to transact busine	ding" and check are sub-	
Please return all correspo	ndence concerning this matter	to the following:	
	Johane Old Name of	sburg	
	olds berg	Realty	
	Firm/Com	pany)
94	r15 Sayra	- St.	
			_
P.	City/State a	FL 33	569
		_	
Jolen	E-mail address: (to be used)	or future annual report n	otification)
For further information c	oncerning this matter, please o	all:	
Name of Person	dsberg at (952 Area Cod	Daytime Telepl	- 7688 hone Number
STREET/COUF Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	orations Center Circle	MAILING AI Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
Enclosed is a check for the	ne 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



December 5, 2017

JOLENE OLDSBERG 9415 SAYRE ST RIVERVIEW, FL 33569

SUBJECT: OLDSBERG REALTY, INC.

Ref. Number: W17000096339

We have received your document for OLDSBERG REALTY, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

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 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.

Letter Number: 917A00024521

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

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. (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) (State or country under the law of which it is incorporated)

(FEI number, if applicable) (Date of incorporation)

(Date of duration, if other than perpetual)

Sept 2017

(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 9+15 Sayre St. River Jim FL (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) John Oldsberg

9415 Sayre St.

Piverview, Florida 33569

(City) (Zip code) Name: Office Address: 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. (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:		
B. OFFICERS		•
President:	Tolere Oldsburg	17 D
Address: 94	Tolere Oldsberg 15 Sayre St.	H C 2
-P	iverview FL 33569	SE S
<u> </u>		
		9
/ radicss:		
Secretary:		.,
Treasurer:		
Address:		····
NOTE: If necessar	ary, you may attach an addendum to the application listing additional off	icers and/or directors.
12	Ceire OCY	
The officer or dire	Signature of Director or Officer ctor signing this document (and who is listed in number 11 above) affirm	ns that the facts stated herein
are true and that he	e or she is aware that false information submitted in a document to the D	
-	ny as provided for in s.817.155, F.S. Jalane Oldsberg	
13.	(Typed or printed name and capacity of person signing application	1)

Office of the Minnesota Secretary of State Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:

OLDSBERG REALTY, INC.

Date Filed:

11/17/2004

File Number:

1114798-2

Minnesota Statutes, Chapter:

302A

Home Jurisdiction:

Minnesota

This certificate has been issued on:

12/22/2017

Ateve Pimm



Steve Simon

Secretary of State State of Minnesota