F21000002051

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Mary Contraction

COVER LETTER

TO:	Registration Section Division of Corporations					
CHDI	ECT:	Ohio State Business C	onsultants, Inc.			
SUDJ	EC1.	Name of corporation	on - must include suffix			
Dear S	Sir or Madam:					
"Certi	ficate of Existence,	n by Foreign Corporation fo 'or "Certificate of Good Sta corporation to transact busi	anding" and check are sub			
Please	e return all correspo	ondence concerning this ma	tter to the following:			
Sam V	Vorthington					
	 	Name o	f Person			
OSBC						
		Firm/Co	mpany			
4000 V	Vashington Rd. Ste 10)4				
		Add	ress			
МсМи	rray, PA 15317					
		City/State	and Zip code			
mariss	a@getamplifiedbiz.co					
		E-mail address: (to be used	for future annual report	notification)		
For fu	rther information co	oncerning this matter, please	call:			
Mariss	a Mitchell	at (⁷²⁴	712-0539			
	Name of Person	Area Co	de Daytime Telep	hone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Please	make check payable t	c following amount: o: FLORIDA DEPARTMEN □ \$78.75 Filing Fee & Certificate of Status	T OF STATE ☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status &		

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.

		""COMPANY," "CORPORATION,"
"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")	
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
Ohio	2	85-2990017
(State or country	y under the law of which it is incorporated) 3.	(FEI number, if applicable)
September 9, 2	2020 5.	
(Date	of incorporation)	(Date of duration, if other than perpetual)
N/A		
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)
3492 SNOUF	FER RD STE 105 COLUMBUS, OH 4323	35
	(Principal offi	ce street address)
	t address of Florida registered agent: (P.O Sam Worthington	. Box <u>NOT</u> acceptable)
Name:		Box NOT acceptable)
Name:	Sam Worthington	21 Ma 7 TIL
Name:	Sam Worthington 14E Washington ST suite 406	FIL 21 Mass
Name: ffice Address:	Sam Worthington 14E Washington ST suite 406 Orlando (City)	— Florida 32801
Name: ffice Address:	Sam Worthington 14E Washington ST suite 406 Orlando (City)	— Florida 32801
Name: ffice Address: Registered age aving been nam esignated in this	Sam Worthington 14E Washington ST suite 406 Orlando (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointm	Florida 32801 (Zip code) The code of process for the above stated corporation at the planet as registered agent and agree to act in this capacity.
Name: ffice Address: Registered age aving been nam esignated in this erther agree to co	Sam Worthington 14E Washington ST suite 406 Orlando (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointmental omply with the provisions of all statutes re	Florida 32801 (Zip code) The plant of the above stated corporation at the plant as registered agent and agree to act in this capacity elative to the proper and complete performance of my design.
Name: ffice Address: Registered age faving been nam esignated in this orther agree to co	Sam Worthington 14E Washington ST suite 406 Orlando (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointm	Florida 32801 (Zip code) The plant of the above stated corporation at the plant as registered agent and agree to act in this capacity elative to the proper and complete performance of my design.
Name: ffice Address: Registered age faving been nam esignated in this orther agree to co	Sam Worthington 14E Washington ST suite 406 Orlando (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointmental omply with the provisions of all statutes re	Florida 32801 (Zip code) The plant of the above stated corporation at the plant as registered agent and agree to act in this capacity elative to the proper and complete performance of my design.
Name: Office Address: Registered age laving been namesignated in this orther agree to contribute the source of t	Sam Worthington 14E Washington ST suite 406 Orlando (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointmental omply with the provisions of all statutes re	Florida 32801 (Zip code) The plant of the above stated corporation at the plant as registered agent and agree to act in this capacity elative to the proper and complete performance of my design.

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.

A. DIRECTORS						
☐ Chairman	Sam Worthington Name:	☐ Chairman	Name:			
□ Vice Chairman A	ddress:	☐ Vice Chairman	Address:			
☐ Director	Orlando, FL 32801	☐ Director				
D President		□President				
☐ Vice President		□Vice President				
☐ Secretary	Treasurer	□Secretary	☐Treasurer			
Other	Other	Other	□Other			
☐ Chairman	Name:	□Chairman	Name:			
☐ Vice Chairman	Address:	□Vice Chairman	Address:			
□ Director .		□Director				
☐ President		□President				
□ Vice President		□Vice President				
☐ Secretary	□Treasurer	☐ Secretary	Treasurer			
□ Other	Other	Other	Other			
□ Chairman	Name:	□Chairman	Name:			
☐ Vice Chairman	Address:	□Vice Chairman	Address:			
☐ Director		□Director				
☐ President		□President				
□ Vice President		□Vice President				
☐ Secretary	□Treasurer	Secretary	☐Treasurcr			
□ Other	Other	Other	Other			
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. 12. Signature of Director or Officer						
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. Sam Worthington						

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show OHIO STATE BUSINESS CONSULTANTS, INC., an Ohio corporation, Charter No. 4539605, having its principal location in Columbus, County of Franklin, was incorporated on September 9, 2020 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 10th day of March, A.D. 2021.

Ohio Secretary of State

I flow

Validation Number: 202106903698