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JUN -9 2021 M. SOLOMON

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: OLSON YACHT GR	OUP (INC.)		
	Name of corporation	- must include suffix	
Dear Sir or Madam:			
	tificate of Good Stand	Authorization to Transact Business in ding" and check are submitted to regists in Florida.	
Please return all correspondence co	oncerning this matter	to the following:	
RITA L. STROM, PARALEGAL			
	Name of I	'erson	
MURTAUGH TREGLIA STERN &	DEILY LUP		
2603 MAIN STREET, PENTHOUSE	Firm/Com	pany	
IRVINE. CA 92614	Addre	SS	
RSTROM@MURTAUGHLAW.COM	City/State ar	nd Zip code	3: 23 TATE ORIE
E-mail a	address: (to be used fo	or future annual report notification)	
For further information concerning	this matter, please ca	all:	
RITA STROM	949 at (794-4035	
Name of Person	Area Code	Daytime Telephone Number	
STREET/COURIER AD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Su Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	IDA DEPARTMENT	\$78.75 Filing Fee &	ate 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.

CALIFORNIA (State or country under 11/06/1998 (Date of inc	er the law of which it is incorporated) 5.	(FEI number, if applied Perpetual	cable)
(State or country under 11/06/1998	er the law of which it is incorporated) 5.	(FEI number, if applie	cable)
	5.	Perpetual	
(Date of inc	_ 		
	orporation)	(Date of duration, if other than perpetual)	
·			
		in Florida, if prior to registration) 502, F.S., to determine penalty liability)	
2410 1/2 NEWPORT B	BLVD., NEWPORT BEACH, CA 92663		
· <u> </u>		fice street address)	
	(***
	(Current maili	ng address, if different)	
	V.		
Name and street add	ress of Florida registered agent: (P.0	O. Box NOT acceptable)	
PA	RACORP INCORPORATED		
Name:	OFFICE DIAGRAM DRIVE ACT EL COL		E S
ffice Address:	OFFICE PLAZA DRIVE, IST FLOOI	K ——	္ကြင္သ
TA	LLAHASSEE	. Florida <u>32301</u>	5# X
	(City)	(Zip code)	- ω
Registered agent's			

under the law of which it is incorporated.

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

٠.	7.	
-		
<u> </u>	•••	
ľ	Ţ	

A. DIRECTORS			
Chairman	Name:	□ Chairman	Bradley R. Hillgren
□Vice Chairman	Address:	□Vice Chairman	Address:
Director	2410 1/2 NEWPORT BLVD.	□Director	2410 I/2 NEWPORT BLVD.
President	NEWPORT BEACH, CA 92663	□President	NEWPORT BEACH, CA 92663
□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	2421
Secretary	Treasurer	☐ Secretary	OTreasurer AY
Other	Other	□Other	□Other ☆ □
□Chairman	Name:	□Chairman	PH 3: 2
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		S □President	
□Vice President		□Vice President	
□Secretary	☐ Treasurer	□ Secretary	Treasurer
Other		Other	□Other
	ise an attachment to report more than six (6). The added to the index when filing your Florida Department of Direct Signature	artment of State Annual Re	
	Signature of Direc	etor or Officer	
The officer or direction is aware that fa s.817.155, F.S.	etor signing this document (and who is listed in nu lise information submitted in a document to the D	imber 11 above) affirms that epartment of State constitut	at the facts stated herein are true and that he or les a third degree felony as provided for in
John R. Olso	on (Mh A. B.	lan	



I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name:

OLSON YACHT GROUP

File Number:

C2125167

Registration Date:

11/06/1998

Entity Type:

DOMESTIC STOCK CORPORATION

Jurisdiction:

CALIFORNIA

Status:

ACTIVE (GOOD STANDING)

As of May 10, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 11, 2021.

SHIRLEY N. WEBER, Ph.D. Secretary of State

Certificate Verification Number: RM929JZ

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at <u>bebizfile.sos.ca.gov/certification/index</u>.