## F21000007069

(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Basiness Eliaty Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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S. ROBERTS
DEC 0 9 2021

## **COVER LETTER**

<b>TO:</b> Registration Section Division of Corporati	ons			
SUBJECT: OLIPHANT INC	- b			
	Name of corporation	n - must include suffix		
Dear Sir or Madam:				
The enclosed "Application by "Certificate of Existence," or above referenced foreign corp	"Certificate of Good Sta	inding" and check are sub		
Please return all corresponder	see concerning this matte	er to the following:		
TATIANA QUINONES				
	Name o	l' Person		
OLIPHANT INC				
	Firm/Co	mpany		
1800 2ND ST SUITE 603				
	Add	ress		
SARASOTA, FL 34236				
	City/State	and Zip code		
LICENSING@OLIPHANTUSA				
E-1	nail address: (to be used	for future annual report	notification)	
For further information conce	rning this matter, please	call:		
TATIANA QUINONES	at (	556-1451		
Name of Person	Area Co		hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration S Division of C P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	LORIDA DEPARTMEN	T OF STATE  \$78.75 Filing Fee & Certified Copy	<ul> <li>\$87.50 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> </ul>	

## 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.

L. OLIPHANT, IN	PC.		
	corporation; must include "INCORPORATED," Corp." "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	4,"
OLIPHANT GE	ROUP, INC.		
(If name unavail	able in Florida, enter alternate corporate name a		g business in Florida)
2. DELAWARE	DELAWARE 3. 87-3029904		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
4. 08/13/2021	5		
(Date	e of incorporation) 5.	(Date of duration, if other than perpetual)	
6.			
	(Date first transacted business in	Florida, if prior to registration)	
	(355 356 176113 007.1301 & 007.130	02, F.S., to determine penalty habili	ty)
77	JITE 603 SARASOTA, FL 34236		
	(Principal offic	e <u>street</u> address)	
	(Current mailing	g address, if different)	2021 DEC SEURE M
8. Name and stree	et address of Florida registered agent: (P.O.	. Box NOT acceptable)	A: 0
Name:	URS AGENTS, LLC		EC-9 Ph
Office Address:	3458 LAKESHORE DRIVE		PM 4: SEE. F
	TALLAHASSEE	 , Florida <sup>32312</sup>	122 FL
	(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.

(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.

A. DIRECTORS			
□Chairman	Name:	□ Chairman	Name: JEREMY TUCKER
□Vice Chairman	Address: 1800 2ND ST SUITE 603	□Vice Chairman	Address: 1800 2ND ST SUITE 603
Director	SARASOTA, FL 34236	□Director	SARASOTA, FL 34236
□President		☐ President	
□ Vice President		□Vice President	
Secretary	☐ Treasurer	Secretary	□Treasurer
Other CEO	Other	Other CFO	Other
□ Director □ President	Name: ROBERT MORRIS  1800 2ND ST SUITE 603  Address: SARASOTA, FL 34236   Treasurer  Other	□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other	□Treasurer
□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
The officer or direct she is aware that fas.817.155, F.S.	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department of Director Signature of Director signing this document (and who is listed in numbles information submitted in a document to the Department (AMAY / CHIEF EXECUTIVE OFFICER	or Officer er 11 above) affirms th	at the facts stated herein are true and that he or

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "OLIPHANT, INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE NINTH DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OLIPHANT, INC."

WAS INCORPORATED ON THE THIRTEENTH DAY OF AUGUST, A.D. 2021.



Authentication: 204647630

Date: 11-09-21