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S. FRANKLIN
JUL 1 6 2022

## **COVER LETTER**

TO:		tration Section ion of Corporations						
SUBJ	ECT:	Ollearis U.S.A., INC.						
Name of corporation - must include suffix								
Dear S	ir or M	adam:						
"Certif	ficate of		Good Stan	Authorization to Transact Business ding" and check are submitted to ress in Florida.				
Please	return a	all correspondence concerning	this matter	to the following:				
Patti K	. Babka							
			Name of	Person	26			
Comite	r, Singe	r, Baseman & Braun, LLP			2622 Ji			
			Firm/Com	pany	•			
3825 P	GA Bou	llevard, Suite 701			رب ر			
			Addre	ess	===			
Palm B	each Ga	ordens, FL 33410						
		(	ity/State a	nd Zip code	-1			
pbabka	@comit	ersinger.com						
		E-mail address: (t	o be used f	or future annual report notification	)			
For fur	ther inf	formation concerning this matt	er, please c	all:				
Patti K. Babka		561	626-2101					
	Name	e of Person	Area Code	Daytime Telephone Numb	per			
	Regis Divisi The C 2415	tration Section on of Corporations Tentre of Tallahassee N. Monroe Street, Suite 810 massee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Please 1		check for the following amounted payable to: FLORIDA DEPART Filing For S78.75 Filing For Certificate of S	ARTMENT	S78.75 Filing Fee & S87.5 Certified Copy Cert	50 Filing Fee, ificate of Status & ified Copy			

## 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.

46 3		116	
OUIO	·	dopted for the purpose of transacting business in Florida)	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
AUGUST 10, 1992 5		(Date of duration, if other than perpetual)	
06/01/2022			
	(Date first transacted business in		
5070 N. OCEAN	(SEE SECTIONS 607.1501 & 607.150 DRIVE APT. 17-B	2, F.S., to determine penanty habitity)	
	DRIVE, APT. 17-B  (Principal office	c street address)	
RIVIERA BEAC	• •	c street address)	
	(Current mailing	address, if different)	
		address, if different)	
	(Current mailing et address of Florida registered agent: (P.O.	address, if different)	
		address, if different)	
Name and stree	et address of Florida registered agent: (P.O.	address, if different)	
Name and street	Comiter, Singer, Baseman & Braun, LLP  3825 PGA Boulevard, Suite 701	address, if different)	

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

and I am familiar with and accept the obligations of my position as registered agent.

A. DIRECTORS					
Chairman	Christina L. Sellart Name:	□Chairman	Name:		<del></del>
□Vice Chairman	Address: 5070 N. Ocean Drive, Apt. 17-B	□Vice Chairman	Address:		
Director	Riviera Beach, FL 33404	□Director			
President		□President			
□Vice President		□Vice President		·	
Secretary	<b>■</b> Treasurer	☐ Secretary		□Treasurer	
Other	Other	□Other	<del></del>	Other	
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		<del></del>
□Director		Director			
□President		□President			
□Vice President		□Vice President			
☐ Secretary	☐Treasurer	☐ Secretary		[]Treasurer	
□Other	□Other	Other		Other	7872
					<u>د</u>
□Chairman	Name:	Chairman	Name:		
□Vice Chairman	Address:	□ Vice Chairman	Address:		
Director		□Director			<del></del>
□President		□President	<del></del>	<del> </del>	<u>-</u>
□Vice President		□Vice President			
☐ Secretary	□Treasurer	Secretary		☐Treasurer	
□Other	Other	Other		Other	<del></del>
12. The officer or dire	Use an attachment to report more than six (6). The added to the index when filing your Florida Department of Director signing this document (and who is listed in numalse information submitted in a document to the Department.	tment of State Annual Roor or Officer  above) affirms the	eport form.	ited herein are true a	nd that he or
s.817.155, F.S.			2 340	, <u>, ==                                </u>	

## 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 OLLEARIS U.S.A., INC., an Ohio corporation, Charter No. 825662, having its principal location in Cincinnati, County of Hamilton, was incorporated on August 10, 1992 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 29th day of June, A.D. 2022.

1 for

Ohio Secretary of State

Validation Number: 202218001466