## F22000005346

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

Office Use Only



300392034993

08/03/22--01018--011 \*+78.75

S. FRANKLIN AUG 23 2022

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJ	OLIVET UNIVERSITY, INC.  ECT:			
~~~	Name of Corpora	ation – must include suffix		
Dear S	ir or Madam:			
Affair	closed "Application by Foreign Not for Prosin Florida", "Certificate of Existence", or the above referenced not for profit corpor	"Certificate of Status" and ch	eck are submitted to	
Please	return all correspondence concerning this r	matter to the following:		
	MAITHIAS GEBHARDT			
	Name	e of Person		
	OLIVET UNIVERSITY		W11: -22	
	Firm	1/Company	22	
	36401 TRIPP FLATS RD		-0	
			PH 7: 1:5	
			<del></del>	
	<del></del>	Address		
	ANZA, CA 92539	Address		
	City/State	c and Zip Code	······	
	info@olivetuniversity.edu	·		
	E-mail address: (to be used for	or future annual report notific	ation)	
For fu	rther information concerning this matter, pl	lease call:		
MATI	HIAS GEBHARDT	760 668-6267		
	a	at ()	lephone Number	
	Name of Person	Area Code Daytime Te	lephone Number	
	Mailing Address:	Street Address:		
	Registration Section	Registration Section		
	Division of Corporations	Division of Corpora		
P.O. Box 6327		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
	Tallahassee, FL 32314	Tallahassee, FL 323	•	
	ed is a check for the following amount: make check payable to: FLORIDA DEPART!	MENT OF STATE		
	0.00 Filing Fee S78.75 Filing Fee &	□\$78.75 Filing Fee &	□\$87.50 Filing Fee,	
	Certificate of Status		Certificate of Status & Certified Copy	

## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

try under the law of which it is incorpo	ate name adopted for the purpose of transacting busines   3. 20-0909475  (FEI number, if applicable)	
	3. 20-0909475 (FEI number if applicable)	
	rated) (FEI number if applicable)	
	5	
ate of Incorporation)	(Date of duration, if other than perp	etuai)
	(17.160) 9 (17.160) F.C. 1	
	ion. See sections 61/.1501 & 61/.1502, F.S, to determine	г репану навину.)
(Princi	pal office street address)	
		101
(Current	mailing address, if different)	- 75
		;
ion, Religious		22
orporation authorized in home state or	country to be carried out in the state of Florida)	P.: 7: 45
ect address of Florida registered age	nt: (P.O. Box NOT acceptable)	<u></u> .
		£5
InCorp Services, Inc.		_
17888 67th Court North		
Loxahatchee	Florida 33470	
(City)	(Zip Code)	
	cted affairs in Florida if prior to registratic LATS RD, ANZA, CA 92539  (Principle (Current of the control of	(Current mailing address, if different)  ion, Religious orporation authorized in home state or country to be carried out in the state of Florida)  ict address of Florida registered agent: (P.O. Box NOT acceptable)  inCorp Services, Inc.  17888 67th Court North  Loxahatchee  Florida  33470

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.

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

A. DIRECTOR	RS Ginturn Tran		Matthias Gebhardt
<b>■</b> Chairman	Name:36401 Tripp Flats Rd	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	36401 Tripp Flats Rd. Address:
Director	Anza, CA 92539	□Director	Anza, CA 92539
□President		■President	
□Vice President		□Vice President	
☐Secretary	□Treasurer	Secretary	□Treasurer
□Other:	☐ Other:	Other:	Other:
□Chairman □Vice Chairman □Dìrector	Tak Wai Wong Name:	□Chairman □Vice Chairman □Director	Brian Kim Name:  73 Wheeler Rd. Address: Wingdale, NY 12594
□President		□President	622
□Vice President		□Vice President	27.
■ Secretary	□Treasurer	☐ Secretary	.5 ■Treasurer r2 P2
Other:	☐ Other:	□Other:	
⊒Chairman ⊒Vice Chairman	Seonho Song Name: 36401 Tripp Flats Rd Address:	□Chairman □Vice Chairman	Name:
■Director	Anza, CA 92539	☐ Director	/ Address:
□Presid <b>e</b> nt		□President	
□Vice President		□Vice President	
☐Secretary	□ Treasurer	☐ Secretary	□Treasurer
□Other:	Other:	□Other:	Other:
Non-indexed indiv	(Typed or printed name and capacity of	our Florida Department o	of State Annual Report form.  12 of the application)



## Secretary of State Certificate of Status

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

Entity Name: OLIVET UNIVERSITY

Entity No.: 2579533 Registration Date: 03/03/2004

Entity Type: Nonprofit Corporation - CA - Religious

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all 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 date of this certificate and does not reflect documents that are pending review or other events that may impact 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 04, 2022.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 008883736

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.



August 7, 2022

MATTHIAS GEBHARDT 36401 TRIPP FLATS RD ANZA, CA 92539 US

SUBJECT: OLIVET UNIVERSITY, INC.

Ref. Number: W22000102171

We have received your document for OLIVET UNIVERSITY, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$561.25.

Please return your document, along with 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.

Sharon D Franklin Regulatory Specialist II

Letter Number: 522A00017614

RECEIVED AUG 2 2 2022