Electronic Citing Gover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS, P.A. Account Number: 076424003301 : (813)223-7474 Phone Fax Number : (813)227-0435 22-2189/SSH **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** tgood@trenam.com Email Address:_ FOREIGN PROFIT/NONPROFIT CORPORATION OLGS, Inc. 0 Certificate of Status 1 Certified Copy 03 Page Count \$78.75 Estimated Charge

Electronic Filing Menu

Corporate Filing Menu

Helps. ROBERTS



December 2, 2022

FLORIDA DEPARTMENT OF STATE

TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NETLL MULLIS,

SUBJECT: OLGS, INC. REF: W22000147513

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is L04000059778.

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 FAX Aud. #: H22000405549 Letter Number: 422A00026629

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO THE 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.

1.	OI.GS, Inc.	
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPO" "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	PRATION,"
	OLGS, Inc. Florida	
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of	ransacting business in Florida)
2.	Delaware, USA 3.	
	(State or country under the law of which it is incorporated) (FEI num	ber, if applicable)
4.	3/5/2018 5	
	(Date of incorporation) (Date of duration	if other than perpetual)
6.		
	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine pena	
7.	802 E. Whiting Street, Tampa, FL 33602	
	(Principal office street address)	E
	805 Timberglen Drive, Imperial, PA 15126	20
	(Current mailing address, if different)	3. y under the law of which it is incorporated) (FEI number, if applicable) 5. (Date of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) treet, Tampa, FL 33602 (Principal office street address) Drive, Imperial, PA 15126 (Current mailing address, if different)
8.	. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
	Name: TK Registered Agent, Inc.	. بغ
0	Office Address: 101 E. Kennedy Boulevard, Suite 2700	27
	(City) (Zip cod	c)

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.

m		
	(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.

Terresa S. Good 8132270435 DocuSign Envelope ID: 03631E4E-DF6B-4BC9-ADB0-76E373388C54

(04/05) 12/02/2022 10:52:46 AM

uSign Envelope I	D: 03631E4E-DF6B-4BC9-ADB0-76E373388C54
A. DIRECTO	ORS

□ Chairman Name: R. Wayne Dudding 805 Timberglen Drive	□ Chairman Name:	th J. Rowe
□Vice Chairman Address:	□ Vice Chairman Address: San Francisco	1 43rd Avenue
□Director □President	□ Disector	
		o, CA 94122
	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	☐Treasure:
□Other □Other	Other	Other
Important Notice: Use an attachment to report more than individuals may be added to the index when filing your form. R. Wayne Dudding	lorida Department of State Annual Report form.	
	ure of Director or Officer	

13. R. Wayne Dudding

(Typed or printed name and capacity of person signing application)

(((H22000405549 3)))

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "OLGS, 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 FIRST DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OLGS, INC." WAS INCORPORATED ON THE FIFTH DAY OF MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

6783161 8300 SR# 20224148242

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204979105

Date: 12-01-22