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### **COVER LETTER**

	stration Section tion of Corporations			
SUBJECT:	Olympic Corporation			
		f corporation -	must include suffix	
Dear Sir or M	ladam:			
"Certificate of	"Application by Foreign Cor of Existence," or "Certificate of need foreign corporation to tra	of Good Stand	ing" and check are submitte	
Please return	all correspondence concernir	ng this matter t	to the following:	
John Park				
		Name of P	erson	
CFS INC				
		Firm/Comp	oany	
101 Hopkins S	Street, Unit 6			
		Addres	38	
Wakefield, M.	A 01880			
		City/State and	d Zip code	·
cfsjohn@hotn	nail.com			
•	E-mail address:	(to be used fo	r future annual report notifi	cation)
For further in	formation concerning this ma	atter, please ca	H:	
John Park		781	) 390-0090  Daytime Telephone Number	
Nam	e of Person	Area Code	Daytime Telephone	Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Section Division of Corpor P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following amounted payable to: FLORIDA DE ing Fee	PARTMENT ( Fee &		\$87.50 Filing Fee, Certificate of Status & Certified 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.

(Enter name of corporation; must include "INCORPORATED." "COMPANY." "CORPORATION." "Inc.," "Cor," "Inc.," "Cor," or "Corp.")  (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  New York  State or country under the law of which it is incorporated)  (State of country under the law of which it is incorporated)  (Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (Date of duration, if other than perpetual)  (Date of duration, if other than perpetual)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. I-A HIGHLAND BLVD. LYNBROOK, NY 11563  (Principal office street address)  (Current mailing address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Annie Mei Wan Chen  Office Address:  367 Merry Brook Circle  Sanford.  (City)  Florida  32771  (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.	Olympic Corpo	ration	
2. New York  (State or country under the law of which it is incorporated)  (Date of incorporation)  (Date of duration, if other than perpetual)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. I-A HIGHLAND BLVD., LYNBROOK, NY 11563  (Principal office street address)  (Current mailing address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Annie Mei Wan Chen  Office Address: 367 Merry Brook Circle  Sanford. Florida 32771  (City)  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 pravisions of all statutes relative to the present of the appointment as registered agent and agree to act in this capacity. I	(Enter name of c	corporation; must include "INCORPORA forp," "Inc," "Co," or "Corp.")	TED," "COMPANY," "CORPORATION,"
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4. OB/26/1987  (Date of incorporation)  (Date of duration, if other than perpetual)  6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. I-A HIGHLAND BLVD., LYNBROOK, NY 11563  (Principal office street address)  (Current mailing address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Annie Mei Wan Chen  Office Address:  Sanford.  (City)  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 state of the state of the statutes relative to the state of the state	New York		
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Chi Dan Cla_		4	
- Jui Wan Cla-			$\partial \mathcal{M}$
		- Jui la	Jan Cla-
(Registered agent's signature)		•	<b>5</b>
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to	10. Attached is a c	ertificate of existence duly authentica	ated, not more than 90 days prior to delivery of this application to

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

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

#### A. DIRECTORS Annie Mei Wan Chen Chainnan Chairman Name: 367 Merry Brook Circle □ Vice Chairman Address: \_ ☐ Vice Chairman Address: Sanford, FL 32771 □ Director ☐ Director ■ President President ☐ Vice President □ Vice President ☐ Treasurer ☐ Secretary □ 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 □Treasurer □Other \_\_\_\_\_ □ Other \_\_\_\_\_ □Other \_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or

she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Annie Mei Wan Chen, President

#### STATE OF NEW YORK

#### DEPARTMENT OF STATE

#### Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: OLYMPIC CORPORATION

DOS ID Number: 1197630

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING
Date of Initial Filing with DOS: 08/26/1987

Statement Status: CURRENT Statement Due Date: 08/31/2023

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on December 16, 2022 at 03:20 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C. Hughan

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100002657439 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <a href="http://ecorp.dos.ny.gov">http://ecorp.dos.ny.gov</a>