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COVER LETTER

TO:	Registration Sect Division of Corpo			
SUB.	JECT:	OHIO AS	SOCIATES, INC.	
		Name of corpora	tion - must include suffix	
Dear S	Sir or Madam:			
"Certi	ficate of Existence.	n by Foreign Corporation or "Certificate of Good s corporation to transact bu	for Authorization to Transa Standing" and check are sub siness in Florida.	ct Business in Florida," omitted to register the
Please	return all correspo	ndence concerning this ma	atter to the following:	
Walter	r Stocker			
		Name	of Person	
BizAc	countants			
	 -	Firm/C	Company	
1070 V	V Horizon Ridge Pkw	y Ste 201		
		Α	ddress	
Hende	rson, NV 89012			
		City/Sta	te and Zip code	
incorp	orate@bizaccountant:	s.com		
		E-mail address: (to be us	ed for future annual report r	notification)
For fu	rther information co	meerning this matter, plea	se call:	
Bradle	y Mayes	at (480-4341	
	Name of Person	Area (hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		on rations lahassee Street, Suite 810	Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
Please i	make check payable to	e following amount: b: FLORIDA DEPARTME □ \$78.75 Filing Fee & Certificate of Status	ENT OF STATE ☐ \$78.75 Filing Fee & Certified Copy	\$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.," "Co.," "Corp." "Inc.," "Co.," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Montana 3. (State or country under the law of which it is incorporated) (Date of duration, if other than perpetual) (Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (EE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7643 Gate Pkwy Ste 104 #1166 Jacksonville, FL 32256 (Principal office street address) (Current mailing address, if different) (Current mailing address, if different) (Current mailing address, if different) Name: Walter Stocker 2395 Ramsey Rd SE Palm Bay (City) (١.	OHIO ASSOCIATES, INC.						
(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (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) 7.643 Gate Pkwy Ste 104 #1166 Jacksonville, FL 32256 (Principal office street address) (Current mailing address, if different) Name: Walter Stocker 2395 Ramsey Rd SE Palm Bay (City) Florida Palm Bay Florida Palm Bay Florida Palm Bay Florida (City) Registered agent's acceptance: Invine penalty liability) Registered agent and to accept service of process for the above stated corporation at the placesignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity durither agree to comply with the provisions of all statutes relative to the proper and complete performance of my durith and accept the obligations of my position as registered agent. Wheelest (Registered agent's signature)	(Enter name of co	orporation; must include "INCORPORATED," orp.," "Inc.," "Co," or "Corp.")	"COMPANY," "CORPORATION,"					
(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (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) (Total Gate Pkwy Ste 104 #1166 Jacksonville, FL 32256 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent; (P.O. Box NOT acceptable) Name: Walter Stocker Office Address: Palm Bay (City) (City) Registered agent's acceptance: laving been named as registered agent and to accept service of process for the above stated corporation at the placesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity arriber agree to comply with the provisions of all statutes relative to the proper and complete performance of my directly and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature)	tlf name unavoite	shlo in Uhrida waxada						
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(Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Walter Stocker 2395 Ramsey Rd SE Palm Bay (City) Florida 32909 (City) Registered agent's acceptance: (aving been named as registered agent and to accept service of process for the above stated corporation at the placesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity with the provisions of all statutes relative to the proper and complete performance of my did I am familiar with and accept the obligations of my position as registered agent. Wholey (Registered agent's signature)	7643 Gate Pkwy 5	Ste 104 #1166 Jacksonville, FL 32256		1-3				
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0. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application		(Registered agent's sign	ature)					

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

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

A. DIRECTORS Tyrone Leonard □ Chairman Name: □ Chairman Name: Address: _____ 7643 Gate Pkwy ☐ Vice Chairman Address: ☐ Vice Chairman Ste 104 #1166 □ Director □Director Jacksonville, FL 32256 President President □ Vice President □ Vice President □ Secretary ☐ Treasurer □Treasurer □ Secretary □Other ____ ☐ Other _____ □Other _____ □ Chairman □ 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. 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. Tyrone Leonard 13. ____



CERTIFICATE OF EXISTENCE

I, CHRISTI JACOBSEN. Secretary of State for the State of Montana, do hereby certify that:

OHIO ASSOCIATES, INC.

duly filed its Articles of Incorporation for Domestic Profit Corporation in this office on October 13, 2015, and on that date was authorized to transact business in this state for a term of perpetual duration.

Payment is reflected in the records of the Secretary of State for all fees owed to the Secretary of State.

The most recent annual report has been filed with this office.

No articles of dissolution have been placed on the record in this office by said corporation and the records indicate the corporation is in good standing under the laws of the State of Montana.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on the tax status.



IN WITNESS WITEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 18th day of April, 2023.

Christ Grenous

Christi Jacobsen

Montana Secretary of State

Certificate Number: 39276029