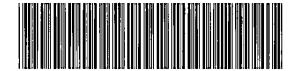
F24000002721

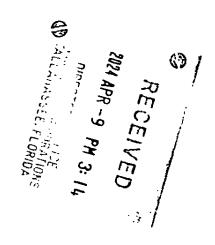
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
W24-5M053						

Office Use Only



500427090765

SECRE TARY OF STATE
DIVISION OF CORPORATION
24 HAY 22 AM II: 36





April 10, 2024

MARCUS HOLSTON

7805 BRAEMAR WAY SPRINGFIELD, VA 22153 US

SUBJECT: OJ - ODD JOBS INC. Ref. Number: W24000057053

We have received your document for OJ - ODD JOBS INC. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 224A00007719

Ariel Jones Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Divis	tration Section ion of Corporations					
SUBJECT:	OJ - ODD JOBS IN	C.				
		Name of corporation	- must include suffix			
Dear Sir or M	adam:					
"Certificate o	f Existence," or "Ce		Authorization to Transaction and check are subsets in Florida.			
Please return	all correspondence	concerning this matter	to the following:			
	1	MARCUS HOLSTON /	DARIUS HOLSTON			
		Name of	Person			
		OJ - ODD JOB	S INC.			
		Firm/Con	npany			
		7805 BRAEM	AR WAY			
		Addr	ess			
		SPRINGFIEL	D, VA 22153			
		City/State a	nd Zip code			
			OM / DARIUS.HOLSTON			
	E-mail	address: (to be used	for future annual report n	otification)		
For further in	formation concerning	ng this matter, please of	call:			
DARIUS HOLSTON		703 at (862-1074			
Nam	e of Person	Area Cod	e Daytime Telepl	none Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration S Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	ing Fee 🔲 \$78	RIDA DEPARTMENT	**OF STATE **] \$78.75 Filing Fee & **Certified Copy	■ \$87.50 Filing Fee, Certificate of Status & Certified Copy		

under the law of which it is incorporated.

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.

(If name unavails	able in Florida, enter alternate corporate name		ousiness in Florida)
DELAWARE	3.	884042505	
(State or countr	y under the law of which it is incorporated)	(FEI number, if appli	cable)
8/9/2023	5.	N/A	
(Date	of incorporation)	(Date of duration, if other tha	n perpetual)
	<u> </u>	(Projected)	
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
	7805 BRAEMAR WAY	, SPRINGFIELD, VA 22153	
	•	ce <u>street</u> address) AME	SECON SIVISION 24 H
	(Current mailir	ng address, if different)	SCENT OF CC
	et address of Florida registered agent: (P.C). Box NOT acceptable)	
Name and stree			= 3
Name and stree	MASON BROWN		<u></u>
Name:			AH 11: 36
Name:	MASON BROWN 613 SW KAYAK AVE.	 , Florida_ ³⁴⁹⁵³	. 3 6
	MASON BROWN 613 SW KAYAK AVE.	, Florida 34953(Zip code)	မ

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

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

DocuSign Envelope ID: 54DE468F-45AD-4136-BCA2-0C640736FE47

A. DIRECTORS				
□Chairman	Name:	□ Chairman	Name: _	1ARCUS HOLSTON
□Vice Chairman	Address: 7805 BRAEMAR WAY	☐ Vice Chairman	Address: 451 RUBENS CIRCLE MARTINSBURG, WV 25403	
□Director	SPRINGFIELD, VA 22153			
□President		■ President		
□Vice President		□Vice President		
□Secretary	Treasurer	■ Secretary		□Treasurer
Other CEO	CFO CFO	Other		□ Other
	Name:			
□ Chairman	5619 N. FIGHEDON ST. #204	□Chairman		
	Address: LOS ANGELES, CA 90042	□Vice Chairman	Address:	
□Director		Director		
President		□ President		
□Vice President		□Vice President		
☐ Secretary CTC	□Treasurer	☐ Secretary		□Treasurer
Other	Other	Other		Other
□Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman		
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary		□Treasurer
Other		□Other		□Other
individuals may be	Use an attachment to report more than six (6). The a added to the index when filing	nent of State Annual Re	port form.	· ·
12	Marcus Holston 1100000100000002_ Signature of Directo			
The officer or direc	Signature of Directors signing this document (and who is listed in numulated in a document to the Dep	ber 11 above) affirms th	at the facts	s stated herein are true and that he
13	MARCUS L. H	OLSTON		
	(Typed or printed name and capacity of pe	rson signing application)	<u> </u>

Page 1



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

DELAWARE, DO HEREBY CERTIFY "OJ-ODD JOBS 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 FOURTEENTH DAY OF MAY, A.D. 2024.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OJ-ODD JOBS INC." WAS INCORPORATED ON THE NINTH DAY OF AUGUST, A.D. 2023.

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

TAYS OF THE PARTY OF THE PARTY

Authentication: 203471951

Date: 05-14-24