

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

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**Foreign Limited Liability Company  
Ohlsson L.L.C.**

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$160.00

**D. BRUCE**

JUN 13 2012

**EXAMINER**

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ohlsson L.L.C.

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Chrissi Jackson

Name of Person

Licenses, Etc., Inc.

Firm/Company

15275 Collier Blvd 201-300

Address

Naples, FL 34119

City/State and Zip Code

support@licensesetc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chrissi Jackson

Name of Person

at 239777-1028

Area Code &amp; Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee☐ \$130.00 Filing Fee &  
Certificate of Status☐ \$155.00 Filing Fee &  
Certified Copy☒ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Ohlsson L.L.C.

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Louisiana

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 72-1421794

(FEI number, if applicable)

4. July 10, 1998

(Date of Organization)

5. Perpetual

(Duration: Year limited liability company will cease to exist or "perpetual")

6. upon registration

(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 316 Brooklyn Avenue

Jefferson, LA 70121

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☐

## 9. The name and usual business addresses of the managing members or managers are as follows:

Peggy Ohlsson 643 Gelpi Ave. Jefferson, LA 70121 (MGRM)

Calvin Ohlsson 643 Gelpi Ave. Jefferson, LA 70121 (MGRM)

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: All Legal Purposes

Calvin Ohlsson  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.404(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

CALVIN C. OHLSSON

Typed or printed name of signee

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12 JUN 12 AM 8:44  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Ohlsson L.L.C.

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Roger White IV

(Name)

1130 McCloskey Blvd.

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tampa

FL 33605

City/State/Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.*

Roger White IV

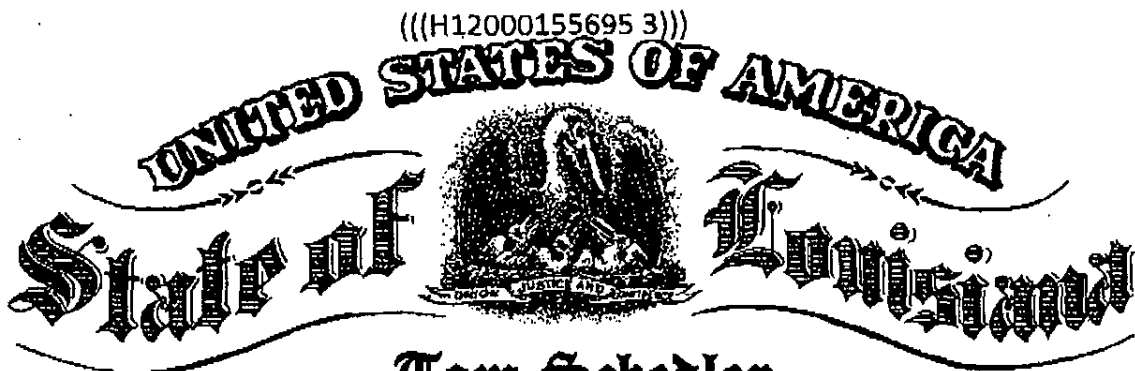
(Signature)

6/11/12

\$ 100.00 Filing Fee for Application  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (optional)  
\$ 5.00 Certificate of Status (optional)

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TALLAHASSEE, FLORIDA



**Tom Schedler**  
SECRETARY OF STATE

*As Secretary of State of the State of Louisiana I do hereby Certify that*  
the Articles of Organization of

**OHLSSON L.L.C.**

Domiciled at JEFFERSON, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on July 10, 1998,

I further certify that no Certificate of Dissolution has been issued.

In testimony whereof, I have hereunto set my  
hand and caused the Seal of my Office to be  
affixed at the City of Baton Rouge on,

June 6, 2012

  
*Secretary of State*

Web 34661835K



Certificate ID: 10278783#F5P83

To validate this certificate, visit the following web site,  
go to **Commercial Division, Certificate Validation**,  
then follow the instructions displayed.  
[www.sos.louisiana.gov](http://www.sos.louisiana.gov)