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Office Use Only



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FILED 2018 AUG 30 PH 2: 52 SECRETARY OF SLATE SECRETARSSEE, FLORID.

N CULLIGAN AUG 3/, 2018

COVER LETTER TO: Registration Section **Division of Corporations** OG Ft Myers HP LLC SUBJECT: 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: Karen Welnetz Name of Person Oliver Companies, Inc. Firm/Company 5713 Grand Ave STe B Address Duluth, MN 55807 City/State and Zip Code karen.welnetz@olivercompanies.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Karen Welnetz Name of Contact Person Daytime Telephone Number **MAILING ADDRESS:** STREET ADDRESS: Division of Corporations Division of Corporations Registration Section Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

□ \$155.00 Filing Fee &

Certified Copy

□ \$160.00 Filing Fee, Certificate

of Status & Certified Copy

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ■ \$130.00

■ \$130.00 Filing Fee &

Certificate of Status



August 10, 2018

KAREN WELNETZ 5713 GRAND AVENUE STE B DULUTH, MN 55807

SUBJECT: OG FT MYERS HP LLC Ref. Number: W18000072850

We have received your document for OG FT MYERS HP LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

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.

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) 245-6052.

Neysa Culligan Regulatory Specialist II

166

Letter Number: 018A00016578

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

		Liability Company; must include "Lin	iited Liabili	ty Company," "L.L.C.," or "LLC	·")
OG Ft Myers LLC	· 				
	nate name adoj	nted for the purpose of transacting business in			Liability Company," "L.L C," or "LLC ")
2. Delaware	af a back form	gn limited liability company is organized)	3	83-1191797	unber, if applicable)
(Jurisaletton under the lav	of which forei	gn minied flabinty company is organized)		m tar)	unber, ii applicable)
4. August 8, 2018				_	
	(S	ate first transacted business in Florida, if prior ee sections 605,0904 & 605,0905, F.S. to dete	rto registrano rmine penalty	n.) : liability)	
5. 9009 Astronaut Blvd		6.	c/o Oliver Companies, Ir	ne	
(Street Address of Principal Office)			(Mailing A	ddress) 7200	
Cape Canaveral FL 32920			5713 Grand Ave Ste B		
				Duluth, MN 55807	ARE
					30 ASS
Name and <u>street ac</u>	<u>dress</u> of F	lorida registered agent: (P.O. B	ox <u>NOT</u>	acceptable)	m^ M1
Name:	Seth	Oliver			E OF PR
ranic.		·			2:52
Office Addre	ss: 9009	Astronaut Blvd		<u> </u>	電子 2 2
	Cap	e Canaveral		, Florida <u>32920</u>	•••
		(City)	(Zip co		code)
and accept the obliga	ions of m	y position as registered agent.			
		(Registered agen	t's signature)		
8. The name, title or Title or Capacity		nd address of the person(s) who Name and Address:		authority to manage is/are itle or Capacity:	: Name and Address:
Treasurer/CFO	_	Colleen Anderson		ecretary	Karen Weinetz
Treasurer or		5713 Grand Ave Ste B		ectetary	5713 Grand Ave Ste B
		Duluth, MN 55807	_		Duluth, MN 55807
			 -		
			_		
(Use attachments if n	cessary)				
9. Attached is a certifi	cate of exi aw of whi	ch it is organized. (If the certific	d, duly au cate is in a	thenticated by the official a foreign language, a transi	having custody of records in the ation of the certificate under oath
of the translator must	se submitt	ed)			
of the translator must 10. This document is a	xecuted in	accordance with section 605.01	third deg	ree felony as provided for i	
of the translator must 10. This document is a	xecuted in	accordance with section 605.02	third deg	ree felony as provided for i	

Typed or printed name of signee

Karen Welnetz



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

DELAWARE, DO HEREBY CERTIFY "OG FT MYERS HP, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TWENTIETH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OG FT MYERS HP, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF JUNE, A.D. 2018.

Solution of the second of the

Authentication: 203279102

Date: 08-20-18