

W23000004938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

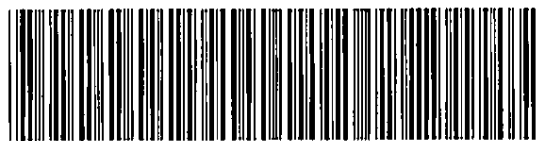
(Document Number)

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2023 APR 17 AM 9:07  
TALLAHASSEE, FL

APR 17 2023

COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: OLAF Management LLC

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:

Francis Nguyen

Name of Person

OLAF Management LLC

Firm/Company

1110 Ivy Charm Way

Address

Arlington

Tx 76005

City/State and Zip Code

fnguyen7@gmail.com

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

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2023 APR 17 AM 9:07  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Francis Nguyen

817

891-4632

Name of Contact Person

at ( )

Area Code

Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

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:

1. OLAF Management LLC  
(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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Texas 92-1705132  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1110 Ivy Charm Way  
(Street Address of Principal Office)

6. 1110 Ivy Charm Way  
(Mailing Address)

Arlington, TX 76005

Arlington, TX 76005

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee 33470  
(City) Florida (Zip code)

Registered agent's acceptance:

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 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.



Amanda Morehouse on behalf of InCorp Services, Inc.

(Registered agent's signature)

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2023 APR 17 AM 9:07  
TALLAHASSEE, FL

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Linda Vo</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Francis Nguyen</u>
<input type="checkbox"/> Member	Address: <u>1110 Ivy Charm Way</u>	<input type="checkbox"/> Member	Address: <u>1110 Ivy Charm Way</u>
<input type="checkbox"/> Authorized	<u>Arlington, TX 76005</u>	<input type="checkbox"/> Authorized	<u>Arlington, TX 76005</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Francis Nguyen

Signature of an authorized person

Francis Nguyen

Typed or printed name of signer



## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for OLAF Management LLC (file number 804877045), a Domestic Limited Liability Company (LLC), was filed in this office on January 12, 2023.

It is further certified that the entity status in Texas is in existence.

Delayed Effective date: January 16, 2023

It is further certified that our records indicate INCORP SERVICES, INC. as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

815 BRAZOS ST., STE. 500

AUSTIN, TX - 78701 USA

In testimony whereof, I have hereunto signed my name  
officially and caused to be impressed hereon the Seal of the  
State at my office in Austin, Texas on March 21, 2023.

FILED  
2023 APR 17 AM 9:07  
CLERK OF COURTS  
JANE NELSON



A handwritten signature of Jane Nelson in black ink.

Jane Nelson  
Secretary of State



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 11, 2023

FRANCIS NGUYEN  
1110 IVY CHARM WAY  
ARLINGTON, TX 76005 US

SUBJECT: OLAF MANAGEMENT LLC  
Ref. Number: W23000018850

We have received your document for OLAF MANAGEMENT LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(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. ✓

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) 245-6051.

Sharon D Franklin  
Regulatory Specialist II

Letter Number: 323A00003348

*Attachments:*

*TX Certificate of Exist*

*Foreign LLC Application*

*Thanks!*

*- Francis N.*

**RECEIVED**

**APR 17 2023**

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314