Florida Department of State

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(((H24000143000 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 : (888)462-3453 Fax Number : (877)919-2613

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

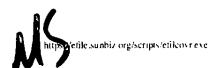
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Foreign Limited Liability Company O. CHRISTINE LLC

Certificate of Status	1
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COVER LETTER

(((H24000143000 3)))

SUBJECT: O. CHRISTINE LLC	e of Limited Liability Company
	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to	o the following:
LOVETTE DOBSON	
	Name of Person
	Firm/Company
17350 STATE HWY 2	49 STE 220
	Address
HOUSTON, TX 77064	
C	ity/State and Zip Code
EFILE1234@INCFILE.C	OM sused for future annual report notification)
For further information concerning this matter, please cal	
LOVETTE DOBSON Name of Contact Person	at (1 Area Code) 888-462-3453 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 DEP ☐ \$125.00 Filing Fee	e & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate

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

Uname unavailable, enter alternate	name adopted for the purpose of transacting husmoss in Flori	ida. The alternate name most melude "Li	nuted Liability Company.	I. J. C." or "ELC ")
Delaware	high foreign immed liability company is organized)	3. <u>93-2471314</u>	El number, il applicable)	
	(Date first transacted business in Florida, if prior to rep (See sections 608-6904 & 605-0905 T.S. to determine	gistration + penalty liability)		
180 Ne 29th	St, #1805	6. 180 Ne 29th	St, #1805	····
Miami, FL 331	137	Miami, FL 33	137	
			(i)	
Name and street address	ss of Florida registered agent: (P.O. Box.)	NOT acceptable)	25	
Name:	Olivia Perez			
	180 Ne 29th St #1805		PH 3: 54	(-227)
Office Address:		33		
Office Address:	<u>Miami</u>	, Florida <u>33</u>	unde i	

(((H24000143000 3)))

Name: Olivia Perez	□Manager	M	
		mame:	
	\square Member		-
Ste 208 #13382	□Authorized		
Newark, DE 19702	Person		
Other	□Other		⊡Other
Name:	□Manager	Name:	· ·- ·
Address:	□Member	Address:	
	□Authorized		
	Person		
::::Other	□Other	<u>_</u>	□Other
lame:	□Manager	Name:	
address:	□Member	Address:	
	□Authorized		MF4-X-1
	Person		
Other_	□Other		□ Other
	Vame:	Gother	□Other

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Delaware The First State

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Page 1

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

DELAWARE, DO HEREBY CERTIFY "O. CHRISTINE 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 NINETEENTH DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "O. CHRISTINE LLC" WAS FORMED ON THE NINETEENTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203288733

Date: 04-19-24

You may verify this certificate online at corp.delaware.gov/authver.shtml

7576448 8300

SR# 20241526247

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