

M25000011858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

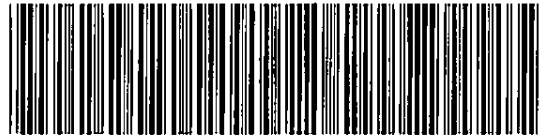
Certified Copies _____ Certificates of Status _____

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2025 AUG 21 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2025 AUG 21 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 08/21/2025

****WALK IN****

ENTITY NAME OLIVIA, NATHANIEL & ASSOCIATES LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 125.00

ACCOUNT # I20160000072

W: C DW

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OLIVIA, NATHANIEL & ASSOCIATES 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:

Andrew N.D. Elliston

Name of Person

OLIVIA, NATHANIEL & ASSOCIATES LLC

Firm/Company

300 Colonial Center Parkway STE 100N.

Address

Roswell, GA, 30076

City/State and Zip Code

andrew@hotwiretellem.com

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

For further information concerning this matter, please call:

Andrew N.D. Elliston

Name of Contact Person

at (786)

Area Code

326-3547

aytime 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. OLIVIA, NATHANIEL & ASSOCIATES 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. Georgia
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-3045175
(FEI number, if applicable)

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

5. 300 Colonial Center Parkway STE 100N,
(Street Address of Principal Office)
Roswell, GA, 30076

6. 300 Colonial Center Parkway STE 100N,
(Mailing Address)
Roswell, GA, 30076

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

Name: URS AGENTS, LLC

Office Address: 3458 Lakeshore Drive
Tallahassee, Florida 32312
(City) (Zip code)

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TALLAHASSEE, FL 32312
SECRETARY OF STATE

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.


Georgina Vega, Asst. Secretary
(Registered agent's signature)

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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]:

Title or Capacity: **Name and Address:**

☒ Manager Name: Andrew N.D. Elliston

☒ Member Address: 9047 SW 215 Terrace

☒ Authorized Cutler Bay FL 33189

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Sharron Barrett

☒ Member Address: 402 Mt. Prospect Ave

☒ Authorized Apt 4A Newark NJ 07104

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Richard Elliston

☒ Member Address: 820 E 218th St. #1A

☒ Authorized Bronx NY 10467

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Dwight Elliston

☒ Member Address: 1028 High Cove SW

☒ Authorized Atlanta GA 30315

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Dionne Robb

☒ Member Address: 16275 SW 99 Court

☒ Authorized Miami FL 33157

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Astley Elliston

☒ Member Address: 3784 Chancery Lane

☒ Authorized Virginia Beach VA 23452

Person _____

☐ Other _____ ☐ 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.

Andrew N. D. Elliston

Signature of an authorized person

Andrew N.D. Elliston

Typed or printed name of signer

Control Number : 15014660

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

OLIVIA, NATHANIEL & ASSOCIATES LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 29859332
Date Inc/Auth/Filed: 02/06/2015
Jurisdiction : Georgia
Print Date : 08/20/2025
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State