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PICK-UP	☐ WAIT	MAIL			
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### **COVER LETTER**

TO:	Registration Section Division of Corporat	ions		
SHRJ	Olyve, Inc.			
осъ.		Name of corporation	on - must include suffix	
Dear S	Sir or Madam:			
"Certi	ficate of Existence," or		or Authorization to Transa anding" and check are sul ness in Florida.	
Please Hani Y	•	nce concerning this matt	ter to the following:	
		Name o	f Person	
Olyve	, Inc.			
<del></del>		Firm/Co	ompany	
5669 (	Cullen Crest Trail			
		Ado	Iress	
San D	iego, CA 92130			
		City/State	and Zip code	
hani@	olyveinc.com			
	E-	mail address: (to be use	d for future annual report	notification)
For fu	rther information conc	erning this matter, pleas	e call:	
Sofia Yassin 703		798-8107	798-8107	
	Name of Person	at ( Area Co	ode Daytime Telep	phone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Registration S Division of C P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclo	sed is a check for the for	ollowing amount:		
<b>□</b> \$7	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	■ \$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Olyve, Inc.			
	orporation; must include "INCORPORATED," " orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION	"
(If name unavails	able in Florida, enter alternate corporate name add	opted for the purpose of transacting	g business in Florida)
Delaware 2.	3		
(State or country under the law of which it is incorporated) April 21, 2015		(FEI number, if applicable)	
(Date	of incorporation) 5	(Date of duration, if other than perpetual)	
6			
<del></del>	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 st Trail San Diego, CA 92130 (Principal	office address)	y)
	(Current mailing a	address, if different)	
8. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O. l Douglas Gosnell	Box <u>NOT</u> acceptable)	15 AUG   SEURCTAI
Office Address:	3031 NE 25th Street		SECTION AND AND AND AND AND AND AND AND AND AN
	Ft Lauderdale	33305 , Florida	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(City)	(Zip code)	20 Co

#### 9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Hani Yassin Chairman: 5669 Cullen Crest Trail Address: San Diego, CA 92130 Vice Chairman: \_\_\_ Hani Yassin Director: 5669 Cullen Crest Trail Address: San Diego, CA 92130 Director: \_ Address: **B. OFFICERS** Hani Yassin President: 5669 Cullen Crest Trail Address: San Diego, CA 92130 Vice President: Hani Yassin Secretary: 5669 Cullen Crest Trail San Diego, CA 92130 Address: Hani Yassin Treasurer: 5669 Cullen Crest Trail San Diego, CA 92130 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein

are true and that he or she is aware that 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.

13. Hani Yassin - Director

# Delaware

PAGE 1

### The First State

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

DELAWARE, DO HEREBY CERTIFY "OLYVE INC." IS DULY INCORPORATED

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

AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE FOURTH DAY OF AUGUST, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OLYVE INC."

WAS INCORPORATED ON THE TWENTY-FIRST DAY OF APRIL, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

15 AUG 18 AH 9: 39
SECRETARY OF STATE
TALLAHASSEE FIORID

5732800 8300

151133611

Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2616322

DATE: 08-04-15

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