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T. LEMIEUX JUN 28 2022

COVER LETTER

TO:	Registration Section Division of Corporations				
SHRJ	JECT: City of Olive				
.,6,1,0	Name of Corporation – mu	st include suffix			
Dear S	Sir or Madam:				
Affair:	enclosed "Application by Foreign Not for Profit Corporrs in Florida", "Certificate of Existence", or "Certificate ter the above referenced not for profit corporation to co	e of Status" and check	are submitted to		
Please	se return all correspondence concerning this matter to the	e following:			
	Philip Campbell				
	Name of Person	Ī			
	City of Olive				
	Firm/Company	,			
	12110 Bear Creek Lane				
	Address				
	Hudson, Fl. 34667				
	City/State and Zip C	Pode			
	Philip cast ega E-inail address: (to be used for future ar	radicon			
	E-mail address: (to be used for future ar	inual report notification	n)		
For fu	further information concerning this matter, please call:				
Philip	p Campbell 727	504-3520			
	Name of Person at (Area Co	Daytime Teleph	one Number		
Mailing Address: Street Address:					
	-	Registration Section Division of Corporations			
	•	The Centre of Tallahassee			
		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	osed is a check for the following amount:	et att			
	e make check payable to: FLORIDA DEPARTMENT OF . 70,00 Filing Fee ■\$78.75 Filing Fee & □\$78.		□\$87.50 Filing Fee.		
, / (ertified Copy	Certificate of Status & Certified Copy		

March 25, 2022

PHILIP CAMPBELL 12110 BEAR CREEK LN HUDSON, FL 34667

SUBJECT: CITY OF OLIVE Ref. Number: W22000039155

We have received your document for CITY OF OLIVE and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

DO DOM 2005 TO 11 1 DO 11 2001

Letter Number: 122A00007087

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

City of Olive	Corporation				
(Name of cornor	ration: must include the word "INCORPORA ige as will clearly indicate that it is a corpora resent. "Company" or "Co." may not be used	ATED" or "CORPORATION" or words or a ation instead of a natural person or partnersl Las a corporate suffix by a nonprofit corpor	abbreviations of hip if not so contration.)	like ained	
(If name unava	ilable in Florida, enter alternate corporate na	ume adopted for the purpose of transacting l	business in Floric	Ja)	
2. Nassau, Bahar	nas	3.			
	(State or country under the law of which it is incorporated) (FEI number, if applicable)				
L December 31	2004 Date of Incorporation)	5.			
(1)	Date of Incorporation)	(Date of duration, if other tha	an perpetual)		
). (Date first comb	ucted affairs in Florida if prior to registration. S	See sections 617 1501 & 617 1502 F.S. to de	termine nenalty li	iahility)	
		XX		,	
7. <u>12110 Bear Cr</u>	eek Lane, Hudson, Fl 34667	N			
	(rincipal c	office <u>street</u> address)			
	(Current maili	ng address, if different)			
, Non Profit- wo	rship, counseling, and other social service ac	nivities			
. (Purpose(s) of o	rship, counseling, and other social service accorporation authorized in home state or coun	try to be carried out in the state of Florida)	# \ 3		
). Name and <u>stre</u>	<u>eet address</u> of Florida registered agent: (I	P.O. Box <u>NOT</u> acceptable)			
Name:	Philip Campbell		1-4":		
Office Address:	12110 Bear Creek Lane.	1010101010101010101011	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	٠,٠٠	
	Hudson Fl.	Florida 34667 (Zip Code)	TATE 300A 310A 310A		
	(City)		—— '. '.	_ L J	

10. 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)

11. 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.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTOI ■Chairman	RS Name: Philip Campbell Name:	□Chairman	Charis Campbell	
	Name: 12110 Bear Creek Lane Address: Hudson Fl. 34667		5030 78th Ave, #11 Address: Pinellas Park	
□ Vice Chairman		□Vice Chairman 		
□Director		□Director	F1. 33781	
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer	
□Other:	Other:	■Other:	Other:	
□Chairman	Name:	□Chairman	Name: Trevor Evans	
□ Vice Chairman	Address: 5043 Billings D	□Vice Chairman	Address:	
Director	Holliday, Fl. 34690	□Director	Andros, Bahamas	
□President		□President		
□Vice President		□Vice President		
☐ Secretary	■ Treasurer	□Secretary	□Treasurer	
□Other:	☐ Other:	■Other:	□Other:	
□Chairman	Name: Aniska Stubbs, Hall	□Chairman	Name: Morris Russell	
□Vice Chairman	43A Church Hill Drive	□Vice Chairman	Lowe Sound.	
□Director	Lincon Park, Free Port	□Director	Andros, Bahamas	
□President	Grand Bahama, Bahamas.	□President		
□ Vice President		□Vice President		
■ Secretary	□Treasurer	☐Secretary	□Treasurer	
□Other:	□ Other:	■Other:	Other:	
NOTE: Importar Non-indexed indi 13	Notice: Use an attachment to report more the viduals may be added to the lates when filing (Signature of Chairman, or a Carry	ny officer listed in number	of State Annual Report form. 12 of the application)	



Commonwealth of The Bahamas

Registrar General's Department Certificate of Good Sanding

CITY OF OLIVE

J. ELLICE SALLYANN LOCKHART-PRATT, Denjistrar General of the Commonwealth of The Bahamas.

Do Herely Certify Mut:

1. The above Company was duly incorporated under the provision of the Companies. Set 1992 (Slo. 18 of 1992) on the 31st day of December, 2004 is Company No. 52693 of the Register of Companies

2. The name of the Company is still on the Register of Companies and the Company has paid all fees, ticence fees, penalities and has filed all statements and returns.

3. The Company has not informed me that it is in the process of being wound up and disschood.

4. No proceedings have been instituted to Gribe the name of the "Company off the said Register.

• documents filed with me the "Company ts in good legal standing. Given ander my hand and scal at Nassau in the 8. In se for as is evidenced by to

Commonwealth of The Behamas this 5th day of November, 2021



Registrar General

