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Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Elizabeth Rose Olsen Foundation, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: James P. Covey, Esq.

Name (Printed or typed)

1575 Indian River Boulevard, Suite C-120

Address

Vero Beach, Florida 32960

City, State & Zip

772.770.6160

Daytime Telephone number

office@jcoveylaw.com

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

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

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ARTICLE I NAME

The name of the corporation shall be: Elizabeth Rose Olsen Foundation, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address:
8400 SE Palm Hammock Lane

Hobe Sound, Florida 33455

Mailing address, if different is:
P.O. Box 962

Hobe Sound, Florida 33475

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To honor the memory of Elizabeth Rose Olsen by providing supplemental financial assistance to young women entering recovery programs to end their addiction to drugs or alcohol.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: By a vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mariann J. O'Connor, Pres and VP Name and Title: _____

Address 8400 SE Palm Hammock Lane Address: _____

Hobe Sound, Florida 33455

Name and Title: Leonard F. O'Connor, Treasurer & Secy Name and Title: _____

Address 8400 SE Palm Hammock Lane Address: _____

Hobe Sound, Florida 33455

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: James P. Covey, Esq.
Address: 1575 Indian River Blvd., Ste C-120
Vero Beach, Florida 32960

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Leonard F. O'Connor
Address: 8400 SE Palm Hammock Lane
Hobe Sound, Florida 33455


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity:


Required Signature of Registered Agent

11/3/16
Date

I submit this document and affirm that the facts stated herein are true. 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.


Required Signature of Incorporator

10/30/16
Date