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(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Sacritos Link) (Vallo)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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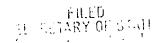
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COVER LETTER



16 NOV -7 PM 2: 02

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

Elizabeth Rose Olsen Foundation, Inc. SUBJECT:						
Sebsec:	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)					
Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :						
\$70.00	■ \$78.75	□\$78.75	□ \$87.50			
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,			
•	Certificate of	& Certified Copy	Certified Copy			
	Status		& Certificate			
		ADDITIONAL CO	PY REQUIRED			
FROM:	ames 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

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

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

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

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The name of the corporation shall be: Elizabeth Rose Olsen	Foundation, Inc.		
ARTICLE II PRINCIPAL OFFICE	16 NOV -7 PM 2: 02		
Principal <u>street</u> address: 8400 SE Palm Hammock Lane	Mailing address, if different is: P.O. Box 962		
Hobe Sound, Florida 33455	Hobe Sound, Florida 33475		
ARTICLE III PURPOSE The purpose for which the corporation is organized is: financial assistance to young women entering recovery pre-	honor the memory of Elizabeth Rose Olsen by providing supplementa ograms to end their addiction to drugs or alcohol.		
ARTICLE IV MANNER OF ELECTION The manne	er in which the directors are elected and appointed:		
Name and Title: Mariann J. O'Connor, Pres and VP Address 8400 SE Palm Hammock Lane Hobe Sound, Florida 33455	Name and Title: Address:		
Name and Title: Leonard F. O'Connor, Treasurer & Secy 8400 SE Palm Hammock Lane Hobe Sound, Florida 33455	Name and Title:		
Name and Title:	Name and Title:		
Address	Address:		

Name and Title:_	·	Name and Title:	
Address _		Address:	FILED FILED
_			16 NOV -7 PM 2: 02
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Name and Title:_		Name and Title:	
Address _		Address:	
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APPLETE	DECLOTEDED ACIENT		
	REGISTERED AGENT orida street address (P.O. Box NOT accep	table) of the register	ed agent is:
Name:	James P. Covey, Esq.		
Address:	1575 Indian River Blvd., Ste	C-120	
	Vero Beach, Florida 3296	50	
		-	
	INCORPORATOR		
i ne <u>name and ac</u>	I conord F. O'Connor		
Name:	Leonard F. O'Connor		
Address:	8400 SE Palm Hammock		
	Hobe Sound, Florida 334	·55 ———	
ARTICLE VIII	EFFECTIVE DATE:		
(If an effective of after the filing.)	other than the date of filing:late is listed, the date must be specific and	d cannot be more t	(OPTIONAL) han five business days prior or 90 business days
_		plicable statutory fi	ing requirements, this date will not be listed as the
document's effec	tive date on the Department of State's reco	rds.	ang requirements, and auto mit her to instead at the
Having been na	med as registered agent to accept service of	of process for the a	bove stated corporation at the place designated in this
cernificate, r am j	familiar with and accept the appointment as	s registered agent ai	- · · · · · · · · · · · · · · · · · · ·
10	Required Signature of Registered	Agent	11/3/16
Loubhait this day		_	Date
to the Repartmen	ument and affirm that the facts stated herei at of State ponstitutes a third degree felony a	n are true. I am aw as provided for in s.	are that any false information submitted in a document 817.155, F.S.
			10/30/16
	Required Signature of Incorp	oretor	Date