

N210 0000 6413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

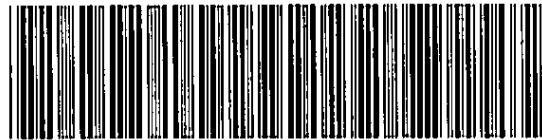
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300364770213

05/03/21--01007--002 **70.00

rec 4/30

FILED
21 APR 30 PM 5:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE
MAY 27 2021

COVER LETTER

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

SUBJECT: Olivia's Paige Incorporated
(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: Tamika Thomas
Name (Printed or typed)

253 Venetian Bay Cir
Address

Sanford, FL 32771
City, State & Zip

386-337-5960
Daytime Telephone number

Oliviaspaigeince@gmail.com
E-mail address: (to be used for future annual report notification)

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

FILED
21 APR 30 PM 5:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be: Olivia's Page Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

300 N Mall entrance Rd

Sanford, FL 32771

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: styling under privileged minority youth

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: AS Provided in the Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tanika Thomas (Pres)

Address: 253 venetian Bay Cir
Sanford, FL 32771

Name and Title: _____

Address: _____

Name and Title: Herbionda Mortimer (VP)

Address: 300 N Mall Entrance Rd
Sanford, FL 32771

Name and Title: _____

Address: _____

Name and Title: Ashley Thomas (Treasurer)

Address: 300 N Mall Entrance Rd
Sanford, FL 32771

Name and Title: _____

Address: _____

FILED
21 APR 30 PM 5:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N/A

N/A

N/A

| | |
|-----------------------|-----------------------|
| Name and Title: _____ | Name and Title: _____ |
| Address: _____ | Address: _____ |
| _____ | _____ |
| _____ | _____ |
| 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: Tamika Thomas
 Address: 253 renelion Bay cir
Sanford, FL 32771

FILED
 21 APR 30 PM 5:13
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Tamika Thomas
 Address: 253 renelion Bay cir
Sanford, FL 32771

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 4-27-2021 (OPTIONAL)

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

4-27-2021
 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

4-27-2021
 Date