TRANSMITTALLETTER Department of State

I vision of Corporations
P. O. Box 6327
Tallahassee, FL 32314....

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SUBJECT:	PT OLSON 8	<i>A 550C (ATE S</i> te name - <u>must inclú</u>	
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 of Status
ADDITIONAL COPY REQUIRED			
FROM: PATRICIA A. OLSON Name (Printed or typed)			
5319 TIESTA COVE DR. Address			
TARA 507A FL. 34242 City, State & Zip (941) 349-4783 Daytime Telephone number			
	Daytime T	1/1/	CRETARY UF SIANL LAHASSEE FLORIDA the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I

The name of the corporation shall be:

PJOLSON & ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

GOJG CYDAESS GARDENS BLUD

WINTER HAVEN FL. 3388

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MANAGEMENT CONGULTING

ARTICLE IV SHARES

The number of shares of stock is:

2500.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

REGISTERED AGENT

The name and Florida street address of the registered agent is:

PATRICIA A. OLGON

53/9 SIESTA COVE DR.

JARA 7 0 TA FL 34242 ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PATRICIA 5319 FIESTA COVE

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

Signature/Registered Agent

Signature/Incorporator