## P0300016356

(Requestor's	Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP W	AIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Cert	ificates of Status			
Special Instructions to Filing Officer.				

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## TRANSMITTAL LETTER

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

SUBJECT:	Disen's Jine M. (PROPOSED CORPORA	Its And College TENAME-MUSTINGL	dibles Inc.	<b>-</b>
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation an	d a check for:	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED	
FROM;	Seau Olsen	(Printed or typed)		The water see that
	9672 Seafar	ERS Way		1 .v
	Navaere of	L 32566 State & Zip		e e un
	(850) 93 Daytime	6-0359 Telephone number	<u> </u>	

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be:	OF THE STATE OF TH
Olsen's Dine MHs And Collectibles	· · · · · · · · · · · · · · · · · · ·
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:	
9672 Deatacers way	
Marare, 2L 32566 ARTICLE III PURPOSE	' 
The purpose for which the corporation is organized is:	
To pursue avenues of business authorize under the laws of the State of Glorida	d
ARTICLE IV SHARES The number of shares of stock is:	·
100	.e
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): Sean Olsen 9672 Seafarers Way	
Travalle, 9L 32566	
ARTICLE VI REGISTERED AGENT	4. The second se
The <u>name and Florida street address</u> of the registered agent is:	<u></u>
9672 Seafacces Way	4.
Mayarre, DL 32566	
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:	
Sean Olsen 9672 Seafactes Way	
Maraell, DL 325ex	*********
Having been named as registered agent to accept service of process for the above state certificate, I am familiar with and accept the appointment as registered agent and agree	
x See Ola	01-14-03
Signature/Registered Agent	Date
	T #4: 4

Signature/Incorporator