

P06000115192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

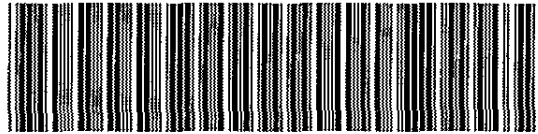
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TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2006 SEP -6 PM 2:27  
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CB 9-6-06

## COVER LETTER

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

SUBJECT: Ollie Mae Inc  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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:

Nepere Griffin  
Name (Printed or typed)

4509 Zanker Court  
Address

Tallahassee, FL 32303  
City, State & Zip

(850) 339-7549 (850) 562-1646  
Daytime Telephone number

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

# ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be: Ollicette Inc

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 4509 Zanker Court  
Tallahassee, FL, 32303

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
All profit businesses

## ARTICLE IV SHARES

The number of shares of stock is: 331

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

- Nyerele Griffin  
4509 Zanker Court Tallahassee, FL, 32303  
President - CEO

## ARTICLE VI REGISTERED AGENT

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

Nyerele Griffin  
4509 Zanker Court  
Tallahassee, FL, 32303

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Nyerele Griffin  
4509 Zanker Ct. Tallahassee, FL, 32303

\*\*\*\*\*  
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

Nyerele Griffin  
Signature/Registered Agent

Nyerele Griffin  
Signature/Incorporator

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9/6/06  
Date

9/6/06  
Date