

P08000015335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

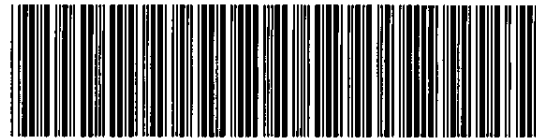
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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2008 FEB 11 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

# LAZARUS

**CORPORATE FILING SERVICE**  
**3320 SW 87<sup>TH</sup> AVENUE**  
**MIAMI, FL 33165**  
**305-552-5973**

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. OLIVE INSURANCE Co.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

### NEW FILINGS

☒ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

### OTHER FILINGS

☐ Annual Report  
☐ Fictitious Name

### AMENDMENTS

☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

### REGISTRATION/QUALIFICATION

☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

# **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:

**OLIVE INSURANCE CO.**

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

**16407 NW 16 STREET PEMBROKE PINES FL. 33028**

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

## **ARTICLE IV SHARES**

The number of shares of stock is:

**100 SHARES OF 5.00 EACH**

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

**MAHE F. OLIVE PRESIDENT  
16407 NW 16 ST.PEMBROKE PINES FL  
33028**

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**TALLAHASSEE, FLORIDA**

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:  
MAHE F. OLIVE 16407 NW 16 STREET PEMBROKE PINES FL 33028

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:  
MAHE F. OLIVE 16407 NW 16 ST. PEMBROKE PINES FL. 33028

\*\*\*\*\*

*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

\_\_\_\_\_  
2/6/2008

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
2/6/2008

\_\_\_\_\_  
Date

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