

PL0000099816

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2010 DEC -9 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch DES. 10-2010

## COVER LETTER

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

**SUBJECT:** Olive Hospitality Group Incorporated  
(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:** Bernard Grossman  
Name (Printed or typed)

15969 Pine Strand Ct  
Address

Wellington, FL 33414  
City, State & Zip

561-371-5295  
Daytime Telephone number

Ben0700@aol.com  
E-mail address: (to be used for future annual report notification)

**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: **Olive Hospitality Group Incorporated**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**15969 Pine Strand Ct**  
**Wellington, FL 33414**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

A profit based, hospitality management corporation.

**ARTICLE IV SHARES**

The number of shares of stock is: **10,000**

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

Name and Title: **Bernard Grossman - President**  
Address: **15969 Pine Strand Ct**  
**Wellington, FL 33414**

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

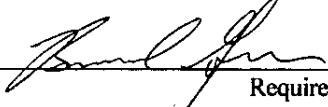
Name: **Bernard Grossman**  
Address: **15969 Pine Strand Ct**  
**Wellington, FL 33414**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Bernard Grossman**  
Address: **15969 Pine Strand Ct**  
**Wellington, FL**

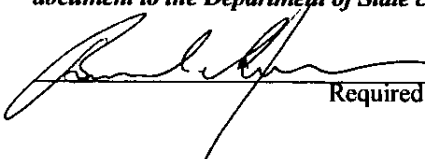
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature/Registered Agent

12/1/10  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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/Incorporator

12/1/10  
Date

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