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2011 MAR -4 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: OliGraphics 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: Peter Oliver

Name (Printed or typed)

6322 Mercado Dr.

Address

Jacksonville, FL 32210

City, State & Zip

404-597-7014

Daytime Telephone number

ldimoco@yahoo.com

E-mail address: (to be used for future annual report notification)

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

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SECRETARY OF STATE

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

OliGraphics Inc

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

6322 Mercado Dr.

Jacksonville, FL 32210

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

I intend to start a new printing business.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Peter L Oliver President

Address: 6322 Mercado Dr.

Jacksonville, FL 32210

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: Peter L Oliver

Address: 6322 Mercado Dr.

Jacksonville, FL 32210

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Peter L Oliver

Address: 6322 Mercado Dr.

Jacksonville, FL 32210

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

2/28/11

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

2/28/11

Date

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