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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850)224-8870
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
OLYMPIAN MOVING SYSTEMS OF CENTRAL FL., INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$70.00

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MD 4/27

COVER LETTER

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

SUBJECT: OLYMPIAN MOVING SYSTEMS OF CENTRAL FL., INC.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

- [X] $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: James Stephens
Name (Printed or typed)

13750 W. Colonial DR Suite 350-344
Address

Winter Garden, FL 34787
City, State & Zip

407-879-0723
Daytime Telephone number

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

EIN: 45-1965703

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 OLYMPIAN MOVING SYSTEMS OF CENTRAL FL., INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1002 S. Dillard ST
Suite 118-1
Winter Garden, FL 34787

Mailing address, if different:
13750 W. Colonial DR
Suite 350-344
Winter Garden, FL 34787

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
HHG Moving

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James Stephens Pres.
Address: 13750 W Colonial DR
Suite 350-344
Winter Garden, FL 34787

Name and Title:
Address:

Name and Title: Diana Y Stephens VP
Address: 13750 W Colonial DR
Suite 350-344
Winter Garden, FL 34787

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: James Stephens
Address: 13750 W. Colonial DR Suite 350-344
Winter Garden, FL 34787

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James Stephens
Address: 13750 W. Colonial DR Suite 350-344
Winter Garden, FL 34787

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 — Date: 04/25/2011

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 — Date: 04/25/2011