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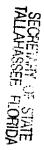
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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COVER LETTER

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

SUBJECT: Petres Olive Oil Inc.		
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u> I	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	cles of incorporation an	d a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status
	ADDITIONAL C	OPY REQUIRED
FROM: Robert L. Spector	e (Printed or typed)	
1263 E. Las Olas Blvd	Address	
Fort Lauderdale, Florida City,		
954.764.2909 Daytime T	elephone number	
Nielsen@petresoliveoil.c	com d 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 The name of the co	NAME reporation shall be: Petres Olive Oil Inc.		
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	. Mailing ad	dress, if different is:
1	243 Seabreeze Blvd.		
	ort Lauderdale, Florida 33316		
	PURPOSE hich the corporation is organized is: ribution of olive oil and other products	·	11 C SEC TALL
	SHARES res of stock is: 1000 INITIAL OFFICERS AND/OR DIRECTOR	9	DEC -5 PH STANDARD
	tile:Holger Kirketerp Nielsen / President 1243 Seabreeze Blvd. Fort Lauderdale, Fl. 33316	Name and Title:Address:	<u> </u>
Name and Ti Address:	tle:	Address:	
Name and Ti Address:	tle:	Name and Title:Address:	
ADTICI E III	REGISTERED AGENT		
-	rida street address (P.O. Box NOT acceptable) of	the registered execution	
Name:	Robert L. Spector, Esq.		
Address:	1263 E. Las Olas Blvd	•	
71001000	Fort Lauderdale, Fl. 33301	-	
	<u> </u>	•	
ARTICLE VII	<u>INCORPORATOR</u>		
	ress of the Incorporator is:		
Name:	Robert L. Spector, Esq.		
Address:	1263 E. Las Olas Blvd. Fort Lauderdale, Fl. 33301		
Having been name this certificate, I an	d as registored agent to accept service of process stamiliar with and accept the appointment as regis	for the above stated corpor stered agent and agree to ac	ration at the place designated in t in this capacity Date
	Required Signature/Registered Agent		/ Date
I submit this document to the De	ment and diffirm that the facts stated herein are to partment of State constitutes a third degree felony	true. I am aware that the f as provided for in s.817.155	alse information submitted in a
///			11/30/11
-	Required Signature/Incorporator		Date Date