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(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Consideration to Ellips Office				
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J. Shivers JAN 1 7 2013

CHETARY OF STATE

COVER LETTER

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

SUBJECT: Olse	en Law, P.A.		
2020211	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original	nal and one (1) copy of the art	icles of incorporation and	l a check for:
■ \$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRED	
	raig Olsen Name 1875 Hidden River	(Printed or typed)	 e 300
		Address	
Ta	ampa, FL 33637		
	City,	State & Zip	
81	3-624-3000		
	Daytime T	elephone number	
cra	aigjolsen@cjolaw.co		
	E-mail address: (to be use	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)

	ME Olsen Law, P.A. NCIPAL OFFICE			
	Principal street address	I	Mailing address, if di	ifferent is:
375 Hidden	River Parkway			
te. 300				
ampa, FL ³ 3	637			
TICLE III PUI	RPOSE the corporation is organized is:	legal serv	ices to the o	community
	other legal activty related th			
	The legal delivity related th	Ciclo.		

<u> </u>				

TICLE IV SH	ARES 100			
RTICLE IV SH e number of shares o	ARES f stock is: 100			
e number of shares o	f stock is:	s		***************************************
e number of shares o	f stock is: TOU TIAL OFFICERS AND/OR DIRECTOR		Craig Olser	n, Director
e number of shares o RTICLE V INI Name and Tit	rstock is: 100 TIAL OFFICERS AND/OR DIRECTOR c: Craig Olsen, President	Name and Title:	Craig Olser	
e number of shares o	f stock is: TOU TIAL OFFICERS AND/OR DIRECTOR			
e number of shares o RTICLE V INI Name and Tit	rstock is: 100 TIAL OFFICERS AND/OR DIRECTOR e: Craig Olsen, President 8875 Hidden River Parkway	Name and Title:	8875 Hidden I	River Parkwa
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e number of shares o RTICLE V INI Name and Tit Address	TIAL OFFICERS AND/OR DIRECTOR e: Craig Olsen, President 8875 Hidden River Parkway Suite 300	Name and Title: Address:	Suite 300 Tampa, FL	River Parkwa
e number of shares o RTICLE V INI Name and Tit Address	TIAL OFFICERS AND/OR DIRECTOR. e. Craig Olsen, President 8875 Hidden River Parkway Suite 300 Tampa, FL 33637	Name and Title: Address: Name and Title:	Suite 300 Tampa, FL	River Parkwa 33637
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Name and Title Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR e: Craig Olsen, President 8875 Hidden River Parkway Suite 300 Tampa, FL 33637	Name and Title: Address: Name and Title: Address:	8875 Hidden Suite 300 Tampa, FL	33637
Name and Title Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR. e: Craig Olsen, President 8875 Hidden River Parkway Suite 300 Tampa, FL 33637	Name and Title: Address: Name and Title: Address:	8875 Hidden Suite 300 Tampa, FL	33637

Name and	Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT rida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Craig Olsen	
Address:	8875 Hidden River Parkway	
	Tampa, FL 33637	
	INCORPORATOR	
The name and add	lress of the Incorporator is:	
Name:	Craig Olsen	
Address:	8875 Hidden River Parkway	
	Tampa, FL 33637	
this certificate I a	Required Signature/Registered Agent	1/14/2013 Date
	ment and affirm that the facts stated herein are i epartment of State constitutes a third degree felony	true. I am aware that the false information submitted in a var as provided for in s.817.155, F.S.
16	i De	14/2013
	Required Signature/Incorporator	JAN 16 AN 11: 29 ABJAN 16 AN 11: 29 ABJAN 16 AN 11: 29 AN AN 16 AN 11: 29