

PA000048923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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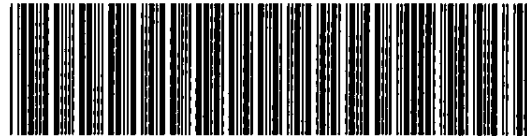
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

WA-33812

COVER LETTER

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

SUBJECT: Olivamine 10, 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: Allison M. Lindner

Name (Printed or typed)

666 Grand Avenue, Ste. 2000, Ruan Center

Address

Des Moines, Iowa 50309

City, State & Zip

515-242-2461

Daytime Telephone number

lindner@brownwinick.com

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

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



BrownWinick
ATTORNEYS AT LAW

Brown, Winick, Graves, Gross,
Baskerville and Schoenebaum, P.L.C.

666 Grand Avenue, Suite 2000
Ruan Center, Des Moines, IA 50309-2510

June 3, 2014

direct phone: 515-248-6637

direct fax: 515-248-6639

email: cme@brownwinick.com

VIA FEDEX OVERNIGHT MAIL

Florida Department of State
Attn: Jessica Fason
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32314

Re: Olivamine 10, Inc.
Letter Number: 114A00011709

Dear Ms. Fason:

We previously sent in the enclosed Articles of Incorporation for filing together with the Articles of Incorporation for Viniferamine, Inc. We received the filing for Viniferamine, Inc. back with a rejection letter. Since only one of the filings was enclosed, I contacted your office to inquire as to the status of this filing and was advised that it had been rejected too. Since I have not yet received the rejection letter for this filing, I contacted your office and they gave me the Letter Number referenced above for your convenience. As such, I am resubmitting the corrected Articles for filing. Please file accordingly. Should you have any questions or concerns regarding the enclosed, please contact me at the above referenced telephone number. Thank you.

Sincerely,

Cindy M. Erickson

Legal Assistant to Allison M. Lindner

Enclosure

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: Olivamine 10, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2769 HEARTLAND DRIVE, SUITE 303
Coralville, Iowa 52241

Mailing address, if different is:

2769 HEARTLAND DRIVE, SUITE 303
Coralville, Iowa 52241

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Darlene McCord, President

Address 2769 HEARTLAND DRIVE, SUITE 303
Coralville, Iowa 52241

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

14 JUN -3 PM 3:57
SECRETARY OF STATE
TREASURER
FLORIDA

(cont.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: CT Corporation System
Address: 1200 South Pine Island Road
Plantation, Florida 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Allison M. Lindner
Address: 666 Grand Avenue, Ste. 2000, Ruan Center
Des Moines, Iowa 50309

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

CT Corporation System by: James M. Halpin
James M. Halpin Assistant Secretary

Required Signature/Registered Agent

5/22/2014

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.

Allison M. Lindner
Allison M. Lindner

Required Signature/Incorporator

Date 5/22/2014
14 JUN - 2014
PM 3:57
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA