

P14000100929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

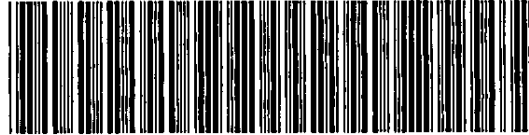
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/09/14--01016--010 \*\*78.75

14 DEC 18 AM 11:08  
STATE OF TEXAS  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

*Handwritten:*  
244000073559  
x ew  
12/22/14

## COVER LETTER

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

SUBJECT: **OLA DESIGN AND MANAGEMENT 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: **PAOLA MALDONADO**  
Name (Printed or typed)  
**20414 NW 27TH PLACE**  
Address  
**MIAMI FL 33056**  
City, State & Zip  
**305-331-0074**  
Daytime Telephone number  
**MALDOP810@AOL.COM**  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 10, 2014

PAOLA MALDONADO  
20414 NW 27TH PLACE  
MIAMI, FL 33056

SUBJECT: OLA DESIGN AND MANAGEMENT INC.  
Ref. Number: W14000073559

We have received your document for OLA DESIGN AND MANAGEMENT INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carol Mustain  
Regulatory Specialist II

Letter Number: 214A00026069

**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:

**OLA DESIGN AND MANAGEMENT INC**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**20414 NW 27TH PLACE**

**MIAMI FL**

**33056**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**HOME DESIGN AND MANAGEMENT**

**SERVICES**

14 DEC 18 AM 11:08

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE IV SHARES**

The number of shares of stock is:

**1**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **PAOLA MALDONADO**

Name and Title:

Address **PRESIDENT**

Address:

**20414 NW 27TH PLACE**

**MIAMI FL 33056**

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

(conti.)

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: PAOLA MALDONADO  
Address: 20414 NW 27TH PLACE  
MIAMI FL 33056

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: PAOLA MALDONADO  
Address: 20414 NW 27TH PLACE  
MIAMI FL 33056

*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

12/4/14  
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

12/4/14  
Date