P1500001499

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		`



100266232551

11/21/14--01020--006 **70.00

SECREPAGES SAIS

よってき たいがっ

2544-

TO THE Office Use Only

1/1/15

COVER LETTER

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

SUBJECT: Th	e Olive Design Co	PP. TE NAME – MUST INCLU	JDE SUFFIX)		_	
		1 6:				
Enclosed are an or	riginal and one (1) copy of the arti-	cles 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 C & Certifica Status	opy ite of		
ADDITIONAL COPY REQUI		PY REQUIR	ED			
TROM	15800 Pines Blvd S	Address		-		
<u>1</u>	Pembroke Pines, F					
	City,	State & Zip				
3	305-373-6868				2	
Daytime Telephone number			拉斯	Œ		
carla@rojasoliva.com E-mail address: (to be used for future annual report notification)		141. - 4.	(7)	[
	E-mail address: (to be used		ŕ		P# 1: 35	Ö



15 JAN -6 PM 2: 10

SECHETARY OF STATE TAULAHASSEE FEORIDA

RECEIVED

FLORIDA DEPARTMENT OF STATE Division of Corporations

December 8, 2014

CARLA OLIVA 15800 PINES BOULEVARD SUITE 206 PEMBROKE PINES, FL 33027

SUBJECT: THE OLIVE DESIGN CORP.

Ref. Number: W14000070881

We have received your document for THE OLIVE DESIGN CORP. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You cannot sign the document before the actual date.

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 the corrected original and one copy of 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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 814A00025831



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 25, 2014

CARLA OLIVA 15800 PINES BOULEVARD SUITE 206 PEMBROKE PINES, FL 33027

SUBJECT: THE OLIVE CORPORATION INC.

Ref. Number: W14000070881

We have received your document for THE OLIVE CORPORATION INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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 the corrected original and one copy of 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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 514A00025072

ARTICLES OF INCORPORATION in compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I	NAME Olive Design Gro	oup Inc.	FILEU
ARTICLE II	PRINCIPAL OFFICE		15 JAN -6 PM 1: 35
	Principal street address	V	Mailing address, if different is: 1 OF STATE
15800 Pi	nes Blvd Suite 206		MALANASEE, ALONDA
Pembrok	ke Pines, FL 33027		
• •	r which the corporation is organized is:		
lo design, ar	nd manufacture women and men's clothing, sl	noes and accesso	nes to be distributed internationally
			· · · · · · · · · · · · · · · · · · ·
<u>ARTICLE V</u>	SHARES Shares of stock is: 1000 INITIAL OFFICERS AND/OR DIRECTO and Title: Carla Oliva, President/CEO		Ruben Oliva, VP
	15800 Pines Blvd Suite 20		15800 Pines Blvd Suite 206
Addre	Pembroke Pines, FL 3302		Pembroke Pines, FL 33027
			
Name a	and Title:	Name and Title:	
Addre	ss	Address:	
		_	
Name a	and Title:	Name and Title:	
Addre	ss	Address:	
		<u> </u>	

Name and	Title:	Name and Title:
Address		Address:
		·
ARTICLE VI	REGISTERED AGENT	
	orida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Ruben Oliva Esq.	
Address:	15800 Pines Blvd Suite 206	
•	Pembroke Pines, FL 33027	
ARTICLE VII	INCORPORATOR	
The name and add	dress of the Incorporator is:	
Name:	Carla Oliva	
Address:	15800 Pines Blvd Suite 206	
	Pembroke Pines, FL 33027	
Having been nam this certificate, I as	m familiar with and accept the appointment as regi	for the above stated corporation at the place designated in istered agent and agree to act in this capacity
	Required Signature/Registered Agent ment and affirm that the facts stated herein are to reportunish of State constitutes a third degree felony Required Signature/Incorporator	Date rue. I am aware that the false information submitted in a provided for in s.817.155, F.S. I / J 2015 Date

15 JAN -6 PM 1: 35
SECRETARY OF STATE
TALLAHASSES, FLORIDA