

P15000031127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

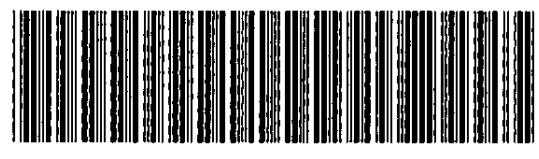
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 APR -6 PM 12:11
TALLAHASSEE, FLORIDA

1115-20378

4MD 4/7

COVER LETTER

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

SUBJECT: **OLSEN HOME IMPROVEMENT INC**
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

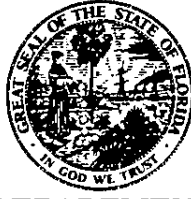
☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

ADDITIONAL COPY REQUIRED

FROM: **JEFF OLSEN**
Name (Printed or typed)
141 LAKE OTIS RD
Address
WINTER HAVEN, FL 33884
City, State & Zip
651-261-6486
Daytime Telephone number
SARA@THEMAREXGROUP.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

March 24, 2015

JEFF OLSEN
141 LAKE OTIS RD.
WINTER HAVEN, FL 33884

SUBJECT: OLSEN HOME IMPROVEMENT INC
Ref. Number: W15000020378

We have received your document for OLSEN HOME IMPROVEMENT 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 title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 215A00005843

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: OLSEN HOME IMPROVEMENT INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

141 LAKE OTIS RD
WINTER HAVEN, FL 33884

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: HOME REMODELING & CONSTRUCTION

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JEFFREY S OLSEN, PRESIDENT

Address: 141 LAKE OTIS RD
WINTER HAVEN, FL
33884

Name and Title:

VICE PRESIDENT
CAROL L KOEPEL-OLSEN, ~~CHIEF OPERATING OFFICER~~

Address: 141 LAKE OTIS RD
WINTER HAVEN, FL
33884

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: JEFF OLSEN
Address: 141 LAKE OTIS RD
WINTER HAVEN, FL 33884

15 APR - 6 PM 12:11
MAY 11 2015
9:08 AM

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: JEFF OLSEN
Address: 141 LAKE OTIS RD
WINTER HAVEN, FL 33884

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

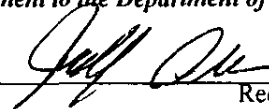


Required Signature/Registered Agent

3/11/2015

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

3/11/2015

Date