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Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION**Olsen Car Care, Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be:

Olsen Car Care, Inc.

ARTICLE II PRINCIPAL OFFICE and MAILING ADDRESS:

The principal place of business/ mailing address is:

2509 Alt. 19 North
Palm Harbor, FL 34683

ARTICLE III SHARES

The number of shares of stock this corporation is authorized to have outstanding at any one time is:

One-Thousand (1,000) Shares
Common Stock

ARTICLE IV INITIAL REGISTERED AGENT

The name and Florida street address of the initial registered agent is:

Matthew Olsen
2509 Alt. 19 North
Palm Harbor, FL 34683

ARTICLE V INCORPORATORS

The name and address of the incorporators to these Articles of Incorporation are:

Matthew Olsen
2509 Alt. 19 North
Palm Harbor, FL 34683

ARTICLE VI OFFICERS

The officer(s) of the corporation are:

Matthew Olsen - P, S, T
2509 Alt. 19 North
Palm Harbor, FL 34683

ARTICLE VII DIRECTORS

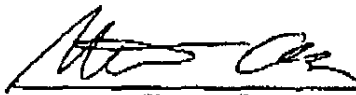
The director(s) of the corporation are:

Matthew Olsen - Director
2509 Alt. 19 North
Palm Harbor, FL 34683

ARTICLE VIII EFFECTIVE DATE

The effective date of the corporation is:

Immediately upon filing

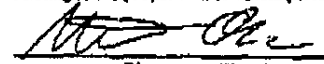


Signature/Incorporator

6/10/15

Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature/Registered Agent

6/10/15

Date

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