P16000043488

(Re	questor's Name)	
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Pho	ne #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Na	ame)	
(Document Number)			
Certified Copies	_ Certificate	es of Status	
Special Instructions to	Filing Officer:		
<	(00691)	>	



600283210856

04/05/16--01008--004 **78.75

S-LYLA JO ALVA-59

Office Use Only

W16-026608

p 05/20/16



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

April 11, 2016

KATHY HERSHELMAN 2289 HERCULES AVE. CLEARWATER, FL 33763

SUBJECT: OLYMPIANS PRE SCHOOL INC

Ref. Number: W16000026608

We have received your document for OLYMPIANS PRE SCHOOL 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.

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.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 516A00007349

COVER LETTER

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

70 8 36 A

SUBJECT: Olympia	uns Pre school Inc.		
30b3EC1	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the ar	ticles of incorporation and	d a check for:
□ \$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	PPY REQUIRED
FROM:	hy Hershelman Nam 9 N. Hercules Ave	e (Printed or typed)	
		Address	
Clea	arwater, Florida 33763	7 Kuu 055	
	City	, State & Zip	
727-	-298-2718		
	Daytime 7	Telephone number	
c.he	rshelmank@pcsb.org		
	E-mail address: (to be use	d for future annual report	notification)

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

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

The name of the corpora	Olympians Pre School Inc		
	CIPAL OFFICE Principal <u>street</u> address	Mailing address	, if different is:
2289 N. Hercules Ave			
Clearwater, Florida 33	763		
ARTICLE III PURPO The purpose for which	OSE the corporation is organized is:	ol	
			ज हि
			.0
			45
			2 - 12
			Same Sacret The Sacret
ARTICLE V INITE	AL OFFICERS AND/OR DIRECTORS Exact the contract of the contra	Name and Title:	
Address	2289 N. Hercules Ave	Address:	
	Clearwater, Florida 33763		
Name and Title	:	Name and Title:	
Address			· · · · · · · · · · · · · · · · · · ·
Name and Title	:		
Address		Address:	

Name a	nd Title:	Name and Title:	
Addres		Address:	
	REGISTERED AGENT Torida street address (P.O. Box NOT acceptab	ole) of the registered agent is:	
Name:	Kathy Hershelman		
Address:	2289 N. Hercules Ave		
	Clearwater, Florida 33763		2
ARTICLE VII	INCORPORATOR		g of the second
The <u>name and a</u>	ddress of the Incorporator is:	٠	٠ <u>٠</u> ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ
Name:	Kathy Hershelman		igi li Li
Address:	2289 N. Hercules Ave		<u> </u>
	Clearwater, Florida 33763		r F
Effective date, it	date is listed, the date must be specific and c	(OPTIONAL) annot be more than five business days prior or 90 bu	usiness
	e inserted in this block does not meet the applie effective date on the Department of State's reco	cable statutory filing requirements, this date will not be ords.	listed a
		rocess for the above stated corporation at the place desi as registered agent and agree to act in this capacity	ignated
Kath	Her Shelman Required Signature/Registered Agent	D4/01/2	016
	V	are true. I am aware that the false information subm	nitted i
Harry	Der Shelman.	64/b1/2	01 (
, kequy	ired Signature/Incorporator	· Date	

and the second