Division of Corporations

P16000054276

Florida Department of State

Division of Corporations

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Account Name : CORP USA
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RECEIVED
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FLORIDA PROFIT/NON PROFIT CORPORATION
THE OLIVE OIL MARKET INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	$78.75

112941
TLH 6/28/16

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H16000156233

COVER LETTER

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

SUBJECT: THE OLIVE OIL MARKET 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 Filing Fee

☐ $78.75 Filing Fee & Certificate of Status

☒ $78.75 Filing Fee & Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: FREDERICK KOEHL CPA
Name (Printed or typed)

6050 W GULF TO LAKE HWY
Address

CRYSTAL RIVER FL 34429
City, State & Zip

352 795-7966
Daytime Telephone number

FCPA1 @ TAMPABAY.RR.COM
E-mail address: (to be used for future annual report notification)

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

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: THE OLIVE OIL MARKET INC

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
16 S MAGNOLIA AVE	PO BOX 5537
OCALA, FL 34471	OCALA FL 34478

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
THE GENERAL NATURE OF BUSINESS OF THIS CORPORATION IS TO TRANSACT ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANTHONY PROCIDA PRES	Name and Title: MARGARET MULHERN VICE PRES.
Address: 1129 E ORIOLE CT	Address: 1129 E ORIOLE CT
HERNANDO, FL 34442	HERNANDO FL 34442
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
Address:	Address:

16 JUN 27 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: ANTHONY J. PROCIDA

Address: 16 S MAGNOLIA AVE

OCALA, FL 34471

ARTICLE VII INCORPORATOR

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

Name: FREDERICK KOEHL

Address: 6050 W GULF TO LAKE HWY

CRYSTAL RIVER, FL 34429

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Anthony J Procida — 6/27/16

Required Signature/Registered Agent — 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.

Frederick Koehl — 6/27/16

Required Signature/Incorporator — Date

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