

P16000054789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

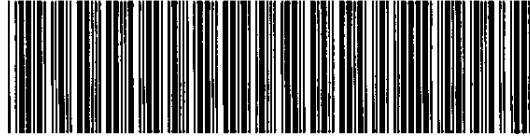
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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EFFECTIVE DATE
6/18/16

JUN 2 2016

S. GILBERT

COVER LETTER

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

SUBJECT: OLYMPICSTAR NUTRITION CO

(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: JAYSON JONES

Name (Printed or typed)

1314 E. LAS OLAS BLVD SUITE #1225

Address

FORT LAUDERDALE, FL 33301

City, State & Zip

703.966.9439

Daytime Telephone number

INFO@OSFGRP.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: OLYMPICSTAR NUTRITION CO

ARTICLE II PRINCIPAL OFFICE

Principal street address

1314 E. LAS OLAS BLVD

SUITE #1225

FT. LAUDERDALE, FL 33301

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO CREATE A BRAND THAT PROMOTES AND PROVIDES

INSPIRATION AND MOTIVATION TO EVERYONE. FROM GRADE SCHOOL KIDS TO OUR SENIOR CITIZENS

WE WILL DO THIS THROUGH EDUCATION AS WELL AS NUTRITIONAL PRODUCTS AND SERVICES.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAYSON JONES - CEO

Address 1314 E. LAS OLAS BLVD

SUITE #1225

FT. LAUDERDALE, FL 33301

Name and Title: JOSEPH PAVLIK - COO

Address: 1314 E. LAS OLAS BLVD

SUITE #1225

FT. LAUDERDALE, FL 33301

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: JAYSON JONES _____

Address: 1314 E. LAS OLAS BLVD SUITE #1225 _____

FT. LAUDERDALE, FL 33301 _____

ARTICLE VII INCORPORATOR

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

Name: JAYSON JONES _____

Address: 1314 E. LAS OLAS BLVD SUITE #1225 _____

FT. LAUDERDALE, FL 33301 _____

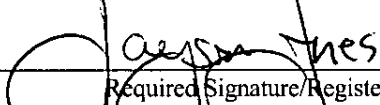
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JUNE 15, 2016 _____ (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



Required Signature/Registered Agent

6/15/16

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

6/15/16

Date