

P 17000006593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP      ☐ WAIT      ☐ MAIL

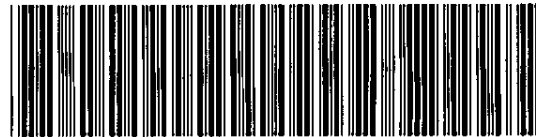
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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SECRET  
TALLINN, EST  
TALLINN, EST

C. GOLDEN

**JAN 23 2017**

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
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**WALK IN**

**PICK UP:**

1/20

☐ **CERTIFIED COPY**

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1. Hemp Ology INC.  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

FILED  
2017 JAN 20 AM 9:27  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** HEMP OLOGY 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:** MARLEN OLIVA

Name (Printed or typed)

7290 SW 41 ST

Address

MIAMI, FL. 33155

City, State & Zip

305-801-7440

Daytime Telephone number

moliva4030@yahoo.com

E-mail address: (to be used for future annual report notification)

RECEIVED  
TALLAHASSEE  
DIVISION OF CORPORATIONS

2017 JAN 20 PM 9:27

FILED

**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)

FILED

2017 JAN 20 AM 9:27

**ARTICLE I NAME**

The name of the corporation shall be: HEMP OLOGY INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

7290 SW 41 ST

7290 SW 41 ST

MIAMI, FL. 33155

MIAMI, FL. 33155

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

ANY AND ALL LAWFUL BUSINESS IN FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 100 SHARES

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MARLEN OLIVA

Name and Title: \_\_\_\_\_

Address: PRES

Address: \_\_\_\_\_

7290 SW 41 ST

MIAMI, FL. 33155

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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: MARLEN OLIVA

Address: 7290 SW 41 ST

MIAMI, FL. 33155

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARLEN OLIVA

Address: 7290 SW 41 ST

MIAMI, FL. 33155

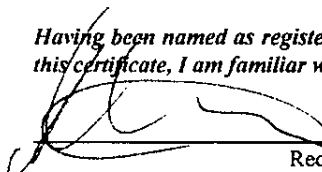
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 01/20/2017. (OPTIONAL)

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

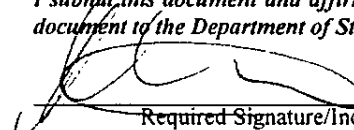
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

01/20/2017  
\_\_\_\_\_  
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

01/20/2017  
\_\_\_\_\_  
Date

FILED  
2017 JAN 20 AM 9:27  
TALLAHASSEE, FL 32301  
SECRETARY OF STATE