

7/2/2018

Division of Corporations

# Florida Department of State

Division of Corporations

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : 120180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

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

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

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LEGISLATIVE SERVICES

## FLORIDA PROFIT/NON PROFIT CORPORATION OLIVIA CR CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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: OLIVIA CR CORP.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

20807 BISCAYNE BLVD. SUITE 104

AVENTURA, FLORIDA 33180

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: MARIA M. CRESPO, PRESIDENT

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

Address: 20807 BISCAYNE BLVD. STE 104

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

AVENTURA, FLORIDA 33180

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

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

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

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

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

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

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

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

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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: MARK GERSTLE  
Address: 2630 NE 203 STREET, STE 104  
AVENTURA, FL 33180

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARIA M. CRESPO  
Address: 20807 BISCAYNE BLVD. STE 104  
AVENTURA, FLORIDA 33180

*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  
Date 6.29.18

*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  
Date 06/29/2018

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