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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone

: (305)552-5973

Fax Number

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

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FLORIDA PROFIT/NON PROFIT CORPORATION **OLIMPYX DISTRIBUTION CORP**

Certificate of Status		0
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Page Count		03
Estimated Charge	\$78.75	

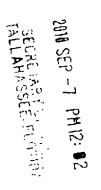
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September 10, 2018

FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE, Dousion of Corporations

SUBJECT: OLIMPYX DISTRIBUTION CORP

REF: W18000080573

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

In accordance with Title 36, section 380, U.S. Code, we cannot accept an entity using the word OLYMPIC or OLYMPIAD without written approval from:

U.S. OLYMPIC COMMITTEE 1 Olympic Plaza Attn: Legal Dept. Colorado Springs, CO 80909 (949) 975-2900.

Please return 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.

Marti Simmons OPS

FAX Aud. #: H18000261991 Letter Number: 018A00018693

ARTICLES OF INCORPORATION H 180 0025 199 1 In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The narrie of the corporation is:	2010 SEP -
ARTICLE II PRINCIPAL OFFICE:	mc' -D
The principal street address and mailing address is: 4175 Sw 87 Ave . M. auc. FL. 33165	PH 12: 98
ARTICLE III SHARES: The number of shares of stock is: 100	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: Ale/audro Damian A costa Son PRESIDENT	izalez -
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRES The name and Florida street address (PO Box not acceptable) of the registered age	
ALESANDRO DAMIAN ACOSTA GON 4175 SW 87 AVE MIAMÍ FL 33.165	<u>2</u> 4ほと - -
ARTICLE VI INCORPORATOR: The name and address of the Incorporate A LEJANDRO DAMIAN ACOSTA GON 4175 SW 87 AVE MIAMI FL 33/65	or is: ZA/EZ
Miami FL 33165	

H18000261991

Required Signatures:

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

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.

H18000261991

Date

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