

4/18/22, 10:16 AM

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : LONG LAW, P.A.
Account Number : 120200000163
Phone : (239)400-2060
Fax Number : (239)268-6101

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

Olympia Pizza Inc

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

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D. O'KEEFE
APR 19 2022

COVER LETTER

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

SUBJECT: Olympia Pizza 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

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status

ADDITIONAL COPY REQUIRED

FROM: Long Law, P.A.
Name (Printed or typed)

1306 SE 46th Ln., Suite 1
Address

Cape Coral, FL 33904

239-400-2060
Daytime Telephone number

keith@longlawfl.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 NAMEThe name of the corporation shall be: Olympia Pizza IncARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

2795 Davis Blvd.4912 Hawaii Blvd. Unit 28Naples, FL 34104Naples, FL 34112ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

_____FILED
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CLERK OF STATE
TALLAHASSEE, FLORIDAARTICLE IV SHARESThe number of shares of stock is: 1,000ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Egresa Mataj - President Name and Title: Emiljano Begu - Vice PresidentAddress: 4912 Hawaii Blvd Unit 28 Address: 4912 Hawaii Blvd Unit 28
Naples, FL 34112 Naples, FL 34112

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: Long Law, P.A.
Address: 1306 SE 46th Ln., Suite 1
Cape Coral, FL 33904

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Egresa Mataj
Address: 4912 Hawaii Blvd Unit 28
Naples, FL 34112

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TALLAHASSEE, FLORIDA

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 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

KEITH LONG
Required Signature/Registered Agent

4/18/22
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.

KEITH LONG
Required Signature/Incorporator

4/18/22
Date