

P22 000054860

(Requestor's Name)

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(City/State/Zip/Phone #)

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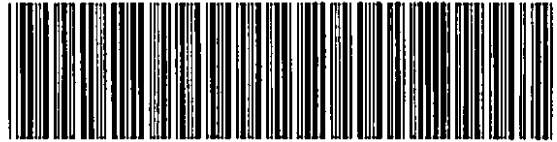
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Mount Olive Group, 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: Deann Denny
Name (Printed or typed)

1950 W. State Rd. Ste 100
Address

Oviedo, FL 32765
City, State & Zip

(407) 542-7320
Daytime Telephone number

deanndenny@hotmail.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: Mount Olive Group, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1950 W State Rd #100
Oviedo, FL 32765

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: management

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 25,000 common shares of no par value.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Deann Denny CEO

Name and Title: _____

Address 1950 W State St #100
Oviedo, FL 32765

Address: _____

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: Deann Denny

Address: 1950 W. State St. #100
Oviedo, FL 32765

ARTICLE VII INCORPORATOR

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

Name: Deann Denny

Address: 1950 W. State St. #100
Oviedo, FL 32765

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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

Deann Denny
DEANN DENNY Required Signature/Registered Agent

06/24/2022
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.

Deann Denny
Required Signature/Incorporator

06/24/2022
Date