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# ARTICLES OF INCORPORATION OF OLIVIA OF TALLAHASSEE, INC.

FILED

98 AUG 18 AM II: 30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The undersigned hereby makes, subscribes, acknowledges, and files this certificate for the purpose of becoming a corporation for profit under the laws of the State of Florida:

#### ARTICLE I

#### Name

The name of this Corporation shall be OLIVIA OF TALLAHASSEE, INC.

#### ARTICLE II

#### <u>Purpose</u>

This Corporation shall be organized for the purpose of engaging in any business which is lawful under the laws of the State of Florida.

#### ARTICLE III

#### Agent

The registered agent of this Corporation shall be Ralph Esposito. The address of the registered agent shall be 2748 Capital Circle, N.E., Tallahassee, Florida 32308.

#### ARTICLE IV

#### Existence

This Corporation shall have perpetual existence.

### ARTICLE V

# <u>Address</u>

The initial street address of the principal office of this Corporation shall be 2748 Capital Circle, N.E., Tallahassee, Florida 32308.

#### ARTICLE VI

# Capital Stock

The authorized capital stock of this Corporation shall consist of one million (1,000,000) shares of voting common stock having a par value of one cent (\$0.01) each.

#### ARTICLE VII

# Preemptive Rights, Cumulative Voting

Holders of the capital stock of the Corporation shall have the preemptive right to purchase new shares of stock or securities, or rights to acquire stock or securities of the Corporation. Cumulative voting shall not be allowed in the election of its directors or for any other purposes.

#### ARTICLE VIII

#### **Directors**

This Corporation shall have no less than one (1) director. The number and requirements for qualification of directors shall be as set forth in the by-laws of the Corporation. The initial member of the Board of Directors shall be Ralph Esposito.

#### ARTICLE IX

# Incorporators

The name and address of the Incorporator are: Ralph Esposito, 2748 Capital Circle, N.E., Tallahassee, Florida 32308.

#### ARTICLE X

#### **Officers**

The officers of the Corporation shall be a president, who shall be the chief executive officer, and a chief financial officer, and such other officers or agents as may be appointed by the Board of Directors. All officers, agents or employees as may be necessary shall be chosen in such a manner, for such time, and have such duties as may be described by the By-Laws or as determined by the Board of Directors.

#### ARTICLE XI

### Indemnification

The Corporation shall have the power to indemnify any person who was or is a party, or is threatened to be made a party, to any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative, or investigative, by reason of the fact that he is or was a director or officer of the Corporation, or is, or was serving at the request of the Corporation as a director or officer of another corporation, partnership, joint venture, trust, or other enterprise, against expenses (including attorneys' fees, judgments, fines and amounts paid in settlement) actually and reasonably incurred by him in connection with such action, suit or proceeding, including appeals, to the full extent permitted under Chapter 607, Florida Statutes, or its successor statute.

Indemnification as provided hereunder shall continue as to a person who has ceased to be a director or officer and shall inure to the benefit of his heirs, executors, administrators and assigns.

IN WITNESS WHEREOF, the undersigned Incorporator has hereunto set his hand and seal this //2<sup>th</sup> day of //2 day

COUNTY OF LEON

NOTARY PUBLIC

My commission expires:

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE 98 AUG 18 AM II: 30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 617, Florida Statutes, the undersigned nonprofit corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1.	The name of the corporation is: OLIVIA OF TALLAHASSEE, INC.		
2.	The name and address of the registered agent and office is:		
	Ralph Esposito		
	(NAME)		
	2748 Capital Circle, N.E.		
	(P.O. BOX <u>NOT</u> ACCEPTABLE)		
	Tallahassee, Florida 32308		
	(CITY/STATE/ZIP)		
	SIGNATURE		

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE
DATE 8-17-98
REGISTERED AGENT FILING FEE: \$35.00