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TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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SUBJECT: ARTICLES OF INCORPORAT	MOI		
I enclose an original and copy (ies) for the above corporation and a check in the amount of \$		orporation	-
<u>Kathleen Olive</u>			*
333 Mei Jen Drive	MET (A) Let	7AL 99	-
Naples 72. 34105 City State Zip Code		TARREST OF THE PARTY OF THE PAR	
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ARTICLES OF INCORPORATION

OF

Kathleen Olive, Inc

Second Morso

ARTICLE I NAME

The name of the corporation shall be:

Kathleen Olive Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

333 Mel Jen Drive Nagles, 7L 34105

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

150

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Kathleen Olive

ARTICLE V INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Lathleen Ohive 333 Mel Jen Drive Naples, Florida 34105

The undersigned has executed these Articles of Incorporation

this 18 day of <u>Dec.</u>, 19<u>98</u>.

Kathleen Olive

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

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:
KATHLEEN OLIVE, INC. 28 8
2. The name and address of the registered agent and office is:
KATHLEEN OLIVE
Signature: Nathleen Olive
Title: President, President Kathleen Ohive
Date: 18 December 1988
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:	Kathleen Olive	
Date:	18 December 1998	