

P99000025532

Requestor's Name

Security enhanced document. Sc

J. ROSA & ASSOCIATES, INC.  
7310 W. MCNAB ROAD SUITE 209  
TAMARAC, FL 33321-5328  
PH. 954-724-8310

Office Use Only

PAY

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Harold Olsen Enterprises, Inc.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

| NEW FILINGS              |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit            |
| <input type="checkbox"/> | NonProfit         |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication     |
| <input type="checkbox"/> | Other             |

| AMENDMENTS               |  |
|--------------------------|--|
| <input type="checkbox"/> | Amendment                              |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent             |
| <input type="checkbox"/> | Dissolution/Withdrawal                 |
| <input type="checkbox"/> | Merger                                 |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

FILED  
99 MAR 19 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100002812401--3  
-03/19/99--01003--016  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Dmc  
3/19/99

FILED

99 MAR 19 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF

HAROLD OLSEN ENTERPRISES, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

HAROLD OLSEN ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

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

7802 NW 40th STREET  
CORAL SPRINGS, FLORIDA 33065

ARTICLE III CAPITAL STOCK

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

HAROLD N. OLSEN, JR  
7802 NW 40th STREET  
CORAL SPRINGS, FLORIDA 33065

ARTICLE V - INCORPORATORS

The names and addresses of the person(s) signing these Articles of Incorporation are as follows:

NAME HAROLD N. OLSEN, JR  
ADDRESS 7802 NW 40th STREET  
CITY CORAL SPRINGS STATE FLORIDA ZIP 33065

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 1st day of FEB, 1999.

Harold N. Olsen (Seal)  
\_\_\_\_\_  
(Seal)  
\_\_\_\_\_  
(Seal)

STATE OF FLORIDA )  
COUNTY OF BROWARD )

SS

Before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared  
HAROLD N. OLSEN

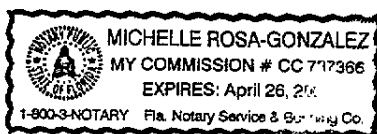
known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that HE executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 1st day of FEB, 1999

Michelle Rosa Gonzalez  
(Notary Public, State of Florida at Large)

(Notary Seal)

My Commission expires: April 26, 2002



**B. Officers:**

President: HAROLD N. OLSEN, JR  
Address: 7802 NW 40th STREET  
CORAL SPRINGS, Florida 33065

Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_, Florida

Secretary: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_, Florida

Treasurer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_, Florida

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

**10. Name and Street address of Florida registered agent:**

Name: HAROLD N. OLSEN, JR

Office Address: 7802 NW 40th STREET  
CORAL SPRINGS, FLORIDA 33065  
City Zip Code

**11. Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered agent's signature: *Harold N. Olsen*

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

13. *Harold N. Olsen*  
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. \_\_\_\_\_  
(Name and capacity of person signing application)

FILED

99 MAR 19 PM 3:17

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned 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:  
HAROLD OLSEN ENTERPRISES, INC.

2. The name and address of the registered agent and office is:

HAROLD N. OLSEN, JR

(NAME)

7802 NW 40th STREET

(P.O. BOX NOT ACCEPTABLE)

CORAL SPRINGS, FL 33065

(CITY/STATE.ZIP)

SIGNATURE

Harold N. Olsen  
(Corporate Officer)

TITLE

PRESIDENT

DATE

FEB 1, 1999

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 PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Harold N. Olsen

DATE

FEB 1, 1999

REGISTERED AGENT FILING FEE: \$35.00