

P99000064420

TRANSMITTAL LETTER

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

SUBJECT: OLIVE LEAF ENTERPRISES INC
(Proposed corporate name - must include suffix)

100002937021--9
-07/21/99--01001--009
*****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

- \$70.00 Filing Fee
 - \$78.75 Filing Fee & Certificate of Status
 - \$78.75 Filing Fee & Certified Copy
 - \$87.50 Filing Fee, Certified Copy & Certificate of Status
- ADDITIONAL COPY REQUIRED**

FROM: BOBBY HOPKINS
Name (Printed or typed)

P O Box 12249
Address

FT Pierce FL 34979
City, State & Zip

561 466 7707
Daytime Telephone number

RECEIVED
99 JUL 20 PM 3:39
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED
99 JUL 20 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

6/20/99

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

OHIO WOLF INTERPRISES INC

ARTICLE II PRINCIPAL OFFICE

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

PO Box 12279 FT Pierce FL 34949

ARTICLE III SHARES

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

1 Million

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

3958 OAK HAMMOCK LN Nolan D Allen
FT Pierce FL 34981

ARTICLE V INCORPORATOR

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

Nolan D. Allen
3958 oak hammock ln
ft pierce fl 34981
Nolan D Allen
7-20-99

Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

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.

Nolan D Allen

Signature/Registered Agent

7-20-99

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 JUL 20 PM 3:50

APPROVED
AND
FILED