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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : CAPITOL SERVICES, INC.  
Account Number : I2016000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
OBCMS, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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ASSOCIATIONS  
COMMERCIAL  
SERVICES

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME** OBCMS, Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
6275 Lanier Island Parkway  
Buford, GA 30518

Mailing address, if different is:

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: any and all lawful business

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: P. Austin Singleton, Jr. - Director & CEO  
Address: 6275 Lanier Island Parkway  
Buford, GA 30518

Name and Title: Jack Erzell - Secretary & Treasurer  
Address: 6275 Lanier Island Parkway  
Buford, GA 30518

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Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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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: Capitol Corporate Services, Inc.

Address: 515 East Park Avenue, 2nd Floor  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Benjamin L. Mitchell

Address: 1620 Highland Colony Parkway, Suite 1400  
Ridgeland, MS 39157

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 MISSISSIPPI SECRETARY OF STATE

**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.*

Taylor Seay Taylor Seay, as Asst. Secretary 06/16/2022

Required Signature/Registered Agent 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.*

Benjamin L. Mitchell 6/16/22

Required Signature/Incorporator Date