

N190000000472

Malcolm-Omari Davis
(Requestor's Name)

3209 Allison Marie Ct
(Address)

Tallahassee, FL 32309
(Address)

510-213-1600
(City/State/Zip/Phone #)

☒ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

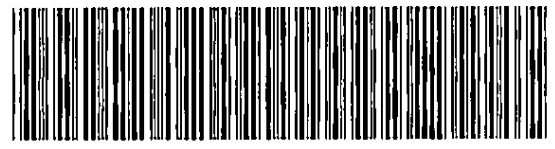
(Document Number)

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JAN 15 2019
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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Ocaummi Corp.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

ADDITIONAL COPY REQUIRED

FROM: Malcolm Omari Davis
Name (Printed or typed)

721 NW 9th Ave
Address

Ocala, FL 34475
City, State & Zip

510-213-1600
Daytime Telephone number

malcolmdavis1011@gmail.com
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Ocaumni Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

721 NW 9th Ave Ocala, FL, 34475

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Instill a positive outlook on
our immediate community by way of mentorship, leadership,
and fellowship.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Cumulative
Voting will be in a 3 out of 5 favor.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maxim-Amari Davis/CEO

Address: 721 NW 9th Ave Ocala, FL
34475

Name and Title: Michael Thomas/COO

Address: 721 NW 9th Ave
Ocala, FL, 34475

Name and Title: Travis S. John/A.D

Address: 721 NW 9th Ave
Ocala, FL, 34475

Name and Title: Natrell Jamerson/A.D

Address: 721 NW 9th Ave
Ocala, FL, 34475

Name and Title: Cameron Livingston/A

Address: 721 NW 9th Ave
Ocala, FL, 34475

Name and Title:

Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 JAN 14 AM 8:59

FILED

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Malcolm-Omari Davis

Address: 721 NW 9th Ave Ocala, FL
34475

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Malcolm-Omari Davis

Address: 1021 NE 16th Ave
Ocala, FL, 34470

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.)

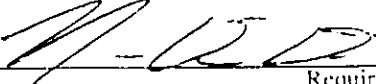
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature of Registered Agent

01-14-2018
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.


Required Signature of Incorporator

01-14-2019
Date

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TALLAHASSEE, FLORIDA