

TRANSMITTAL LETTER

P01000056990

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

SUBJECT: OLIVER C. COX, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

200004340202--1
-06/04/01--0111--007
*****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:

WLO LIBORLU

Name (Printed or typed)

c/o OLIVER C. COX, INC.

P.O. Box 362

Address

NEW SMYRNA BEACH, FL 32170-362

City, State & Zip

(904) 426-0853

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN -4 PM 12:25

FILED

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

T. Burch JUN 8 2001

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

OLIVER C. COX, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

POST OFFICE BOX 362
NEW SMYRNA BEACH, FL 32170-362

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO KEEP THE SOCIOLOGY OF OLIVER C. COX ALIVE

ARTICLE IV SHARES

The number of shares of stock is:

1 (ONE)

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

WLO LIBORUM, % OLIVER C. COX, INC. P.O. BOX 362, NEW SMYRNA BEACH
FL 32170-362
JOHN O. FREDERICK % OLIVER C. COX, INC. P.O. BOX 362, NEW SMYRNA BEACH
FL 32170-362

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

WLO LIBORUM
2 CARLEY CIRCLE
NEW SMYRNA BEACH, FL 32169-3801

ARTICLE VII INCORPORATOR

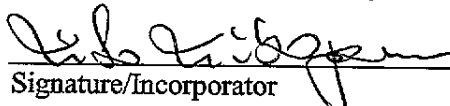
The name and address of the Incorporator is:

WLO LIBORUM % OLIVER C. COX, INC
P.O. BOX 362
NEW SMYRNA BEACH, FL 32170-362

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


Signature/Registered Agent

06/01/2001
Date


Signature/Incorporator

06/01/2001
Date

FILED
01 JUN -4 PM 12:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA