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SECRETARY OF STATE
ALLAHASSEE, FLORID.

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TRANSMITTAL LETTER

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

SUBJECT: Oca	la Management Group, Inc.				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	udesuffix)		-
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	a check for:		
☐ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED		
FROM: B	illie G. Knight	(Printed or typed)		. ••	
	19297 SW 96th Loop	Address			
	Dunnellon, FL 34432	State & Zip			÷
	352-622-8820	elephone number		w. · ·	

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

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:

Ocala Management Group, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 805 S. Magnolia Avenue, Suite A Ocala, FL 34474

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Management of a mortgage office and other lawful busuness shall arise.

ARTICLE IV SHARES

The number of shares of stock is:

1,0000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Billie G Knight - President Betty J Knight - Vice-President ECRETARY OF STATE

ARTICLE VI REGISTERED AGENT

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

Billie G Knight 19297 SW 96th Loop Dunnellon, FL 34432

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Billie G Knight 19297 SW 96th Loop Dunnellon, FL 34432

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

Signatura/Pagistared Agent

Signature/Incorporator

Date

Date