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' TRANSMITTAL LETTER

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

SUBJECT: Oxfo	ord Management of Florida,	inc.	
	(PROPOSED CORPOR	ATE NAME = MUSTINCU	UDESUBSIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	i a check for:
\$70.00	☑ \$78.75	□ \$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status
		ADDITIONAL CO	
FROM: T	homas V. McComb		
	Name	e (Printed or typed)	
	1325 S. Portofino Drive, #	f109	
•	**************************************	Address	
	Sarasota, FL 34242		
•	City	, State & Zip	
	941-349-3455		
•	Daytime'	Telephone number	WI - 17

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

PARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Oxford Management of Florida, Inc.

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TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1325 S. Portofino Drive, #109 Sarasota, FL 34242

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Business management and consulting

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Thomas V. McComb, President Norma J. McComb, Secretary/Treasurer

ARTICLE VI REGISTERED AGENT

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

Thomas V. McComb 1325 S. Portofino Drive, #109 Sarasota, FL 34242

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Thomas V. McComb 1325 S. Portofino Drive, #109 Sarasota, FL 34242

Signature/Incorporator

THOMAS V. McCOMB