Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0381

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : I20000000257

Phone : (850)224-8870

: (850)224-7047

# FLORIDA PROFIT/NON PROFIT CORPORATION

# OLDEST CITY REFERRAL NETWORK, INC.

Certificate of Status	0
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C.J.9-28

### 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:

OLDEST CITY REFERRAL NETWORK, INC.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4010 US HIGHWAY 1 SOUTH, SUITE 112 ST. AUGUSTINE, FL 32086

## 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

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

TIÚS: P BRENT PONNER 621 N. FÖREST CREEK DRIVE 8T. AUGUSTINE, FL 32092

TRIO: VP BARBARA FONNER 621 N. FOREST CREDIT DRIVE ST. AUGUSTINE. FL 32092

#### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

**BRENT FONNER** 

621 N. FOREST CREEK DRIVE

ST. AUGUSTINE, FL 32092

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**BRENT FONNER** 

621 N. FOREST CREEK DRIVE

ST. AUGUSTINE. FL 32092

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

Aignature/Registered Agent

Signature/Incorporator

37/06

1/27/0

Date