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(Re	questor's Name)		
(Ad	dress)		
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. (Cit	y/State/Zip/Phone	e #)	
PICK-UP	WAIT .	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
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COVER LETTER

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

SUBJECT:	<u>558</u> 0	cala Inc	<u>-</u> .		
	(PROPOSED CORPORA	TE NAME – <u>MÜST INCL</u>	<u>UDE SUFFIX</u>)		
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation an	d 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 CO	OPY REQUIRED		
FROM: Alexis S. Betty Jr. Name (Printed or typed)					
-	739 SE	10 th St	reet		
	Ocala 1 City,	-L 344-	71		
	(352) 895 Daytime To	5-8046 elephone number			
_	55bocalo E-mail address: (to be used	a amail. I for future annual report	Com notification)		

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)

The name of the co	NAME rporation shall be:	SSB	Ocala,	Inc.	
ARTICLE II	PRINCIPAL OFFICE Principal street address Mailing address, if different is:		ferent is:		
739	SE 10# 5	Hreet		Same	
<u> </u>	a, FL 3	4471			
ARTICLE III The purpose for wh	PURPOSE nich the corporation is o	rganized is:	seneral.	consuting	fim
					14 DE SEGRE
					FILED EC 22 PH 12: NHASSEF FLOR
	es of stock is:				2: 58
	Title: Alexis S. I			ile:	
Address		10# Street			
		FL 34471			
Name and	Title:		Name and Ti	ile:	
Address	<u> </u>		Address:		/
Name and	Title:		Name and Ti	ile:	
Address			Address:		
			<u> </u>		

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: Alexis S. Be	thy Jr.
Address: 739 SE 103	th Street
Ocala, FL	<u>34471</u>
ARTICLE VII INCORPORATOR	FINAL AHAS
The name and address of the Incorporator is:	
Name: Alexis S. B	
Address: 739 SE 1	Oth Street 8
Ocala, FL	_ 34471_
	ot service of process for the above stated corporation at the place designated in appointment as registered agent and agree to act in this capacity
Required Signifiure/Re	egistered Agent 12/18/14
	s stated herein are true. I am aware that the false information submitted in a a third degree felony as provided for in s.817.155, F.S.
Required Signature/	ncorporator 1218/14

Article VIII EFFECTIVE DATE

The effective date of the incorporation is:

January 1, 2015

Name: Alexis S. Betty Jr.
Signature: Ole S. Betty.