

P/60000 70417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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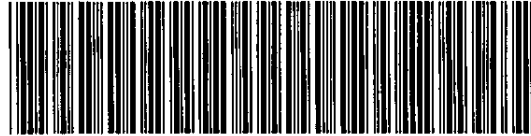
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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## COVER LETTER

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

**SUBJECT:** INTEGRITY INVESTMENTS OF OCALA, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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:** MICHAEL RAY DOCKERY

Name (Printed or typed)

5901 S. PINE AVENUE

Address

OCALA, FL. 34480

City, State & Zip

(352)817-0683

Daytime Telephone number

YAGERTAXNOT@AOL.COM

E-mail address: (to be used for future annual report notification)

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**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: INTEGRITY INVESTMENTS OF OCALA, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5901 S. PINE AVENUE  
OCALA, FL. 34480

Mailing address, if different is:  
805 S. MAGNOLIA AVENUE, SUITE # D  
OCALA, FL. 34471

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: AUTO INVESTMENTS AND SALES

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MICHAEL RAY DOCKERY - PRES.

Address 5901 S. PINE AVENUE  
OCALA, FL. 34480

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: MICHAEL RYAN DOCKERY - SEC.

Address 5901 S. PINE AVENUE  
OCALA, FL. 34480

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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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: MICHAEL RAY DOCKERY  
Address: 5901 S. PINE AVENUE  
OCALA, FL. 34480

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: MICHAEL RAY DOCKERY  
Address: 5901 S. PINE AVENUE  
OCALA, FL. 34480

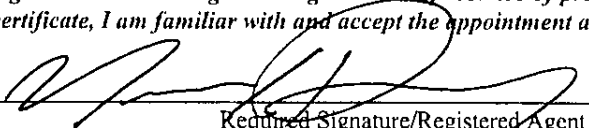
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 08/15/2016 (OPTIONAL)

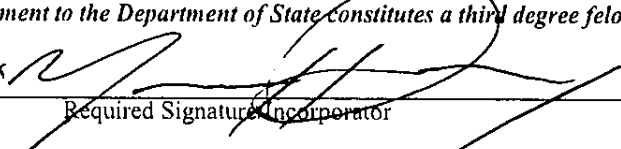
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

x  \_\_\_\_\_  
Required Signature/Registered Agent 08/06/2016  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

x  \_\_\_\_\_  
Required Signature/Incorporator 08/06/2016  
Date

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TALLAHASSEE, FLORIDA