

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: kmiranda@rosedaletrapala.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Ocala Vista Realty, Inc.

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$87.50

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January 8, 2018

FLORIDA DEPARTMENT OF STATE

Division of Corporations

CORPORATE CREATIONS INTERNATIONAL, INC.

SUBJECT: OCALA VISTA REALTY, INC.
REF: W18000001485

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date is not acceptable since it is not within five working days of the date of receipt.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

FAX Aud. #: H18000006755
Letter Number: 518A00000378

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 VISTA REALTY, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

233 SW 3RD ST, SUITE #3

5061 SW 111 LANE

OCALA, FLA 34471

OCALA, FLA 34476

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR A 'REAL ESTATE SALES OFFICE'

ARTICLE IV SHARES

The number of shares of stock is: 200 NO PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUSTINE REILLY
PRESIDENT

Name and Title: _____

Address _____

Address: _____

5061 SW 111 LANE

OCALA, FL 34476

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

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: JUSTINE REILLY
Address: 5061 SW 111 LANE
OCALA, FL 34476

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KIM M MIRANDA
Address: ROSEDALE & DRAPACA CPA'S
2001 GROVE ST.
NANTUCKET, NY 11793

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

Justin Reilly _____ 12/6/2017
Required Signature/Registered Agent 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.

Suber _____ 12/6/2017
Required Signature/Incorporator Date