

P18000025700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

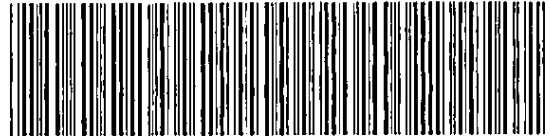
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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

MAR 20 2018

T. SCOTT

## 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: MYRICK, MYRICK, & ASSOCIATES INC

### ARTICLE II: PRINCIPAL OFFICE

Principle street address: 3079 SW 19<sup>TH</sup> STREET, OCALA, FL 34474

Principle mailing address: 3079 SW 19<sup>TH</sup> STREET, OCALA, FL 34474

### 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: 10,000

### ARTICLE V: INITIAL OFFICERS AN/OR DIRECTORS

BOBBY MYRICK (President)  
3079 SW 19<sup>TH</sup> STREET  
OCALA, FL 34474

DAVID PHILLIPS (VICE PRESIDENT)  
10033 LAKE MIONA WAY  
OXFORD, FL 34484

LAJOYCE MYRICK (Secretary)  
3079 SW 19<sup>TH</sup> STREET  
OCALA, FL 34474

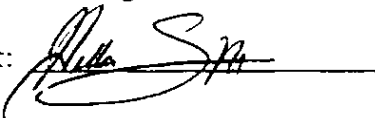
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### ARTICLE VI: REGISTERED AGENT

The name and Florida Street address (PO Box not acceptable) of the registered agent is:

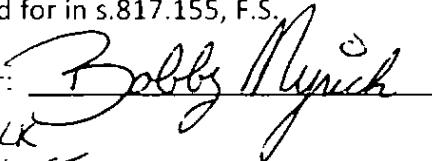
NAME: JP GOLDSMITH FINANCIAL SERVICES INC  
ADDRESS: 644 W BREVARD ST, TALLAHASSEE, FL 32304

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.

Signature of Registered Agent: 

Date: 3/20/18

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.

Signature of Incorporator: 

Date: 3/20/18

BOBBY MYRICK  
3079 SW 19TH ST  
OCALA, FL 34474

The effective date for this corporation shall be:

03/20/2018