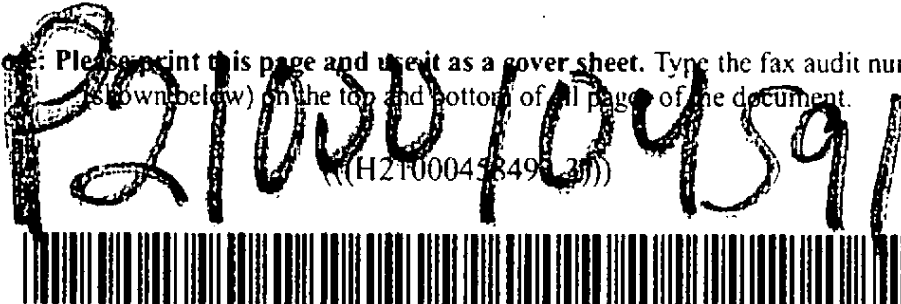


Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516)935-3940  
Fax Number : (516)935-3088

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

Email Address: JOLENECAREY@GMAIL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION

JoCarey RevMgt Consulting Inc

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

T. SCOTT

DEC 17 2021

Electronic Filing Menu

Corporate Filing Menu

Help

H21000458493

**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: JoCarey RevMgt Consulting Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address	Mailing address, if different is:
<u>4321 RUMMELL ROAD</u>	<u></u>
<u>SAINT CLOUD, FL 34769</u>	<u></u>
<u></u>	<u></u>

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY LEGAL OR LAWFUL PURPOSE

**ARTICLE IV SHARES**

The number of shares of stock is: 1,500 AT NO PAR VALUE

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

Name and Title: <u>JOLENE OLIVER CAREY - PRESIDENT</u>	Name and Title: <u>CHARLES DUDLEY CAREY - VICE PRESIDENT</u>
Address: <u>4321 RUMMELL ROAD</u>	Address: <u>4321 RUMMELL ROAD</u>
<u>SAINT CLOUD, FL 34769</u>	<u>SAINT CLOUD, FL 34769</u>
<u></u>	<u></u>
Name and Title: <u></u>	Name and Title: <u></u>
Address: <u></u>	Address: <u></u>
<u></u>	<u></u>
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Name and Title: <u></u>	Name and Title: <u></u>
Address: <u></u>	Address: <u></u>
<u></u>	<u></u>
<u></u>	<u></u>

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CLERK

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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: JOLENE OLIVER CAREY  
 Address: 4321 RUMMELL ROAD  
SAINT CLOUD, FL 34769

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JOLENE OLIVER CAREY  
 Address: 4321 RUMMELL ROAD  
SAINT CLOUD, FL 34769

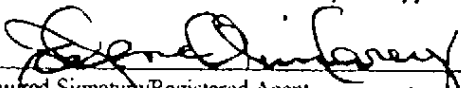
**ARTICLE VIII EFFECTIVE DATE:**

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.

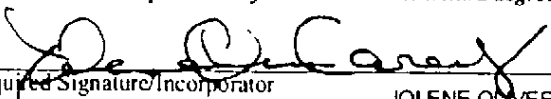
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
 Required Signature/Registered Agent JOLENE OLIVER CAREY

DECEMBER 2, 2021

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.*

  
 Required Signature/Incorporator JOLENE OLIVER CAREY

DECEMBER 2, 2021

Date