(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Вь	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
Q. SILAS		
•	MAY 20 2022	
	_	
	<u> </u>	1/12/22

Office Use Only



600382664116

05/12/22--01006--005 **70.00



Pec. 5/12/22

March 23, 2022

GARRY GRAHAM 411 WALNUT ST #7165 GREEN COVE SPRINGS, FL 32043

Ref. Number: 600382664116

We have received your document and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$70.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The Articles of Incorporation are missing. Please complete the enclosed form. The filing fee is \$70.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 122A00006875

Querida R Silas Regulatory Specialist II

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Oracle Portfolio Managem	nent, Inc.	
Name of Surviving Entity		
The enclosed Articles of Merger and fee are submitted	for filing.	
Please return all correspondence concerning this matte	r to following:	
Garry Graham		
Contact Person		
Oracle Portfolio Management, Inc.		
Firm/Company		
411 Walnut St. #7165		
Address		
Green Cove Springs FL 32043		
City/State and Zip Code		
GGraham.OPM@gmail.com E-mail address: (to be used for future annual report notificat	ion)	
For further information concerning this matter, please		
Garry Graham A	At (904) 657-0669	
Name of Contact Person	Area Code & Daytime Telephone Number	
Certified copy (optional) \$8.75 (Please send an addi	tional copy of your document if a certified copy is requested)	
Mailing Address:	Street Address:	
Amendment Section Amendment Section Division of Corporations Division of Corporations		
P.O. Box 6327	Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
rananasse. 11. 52511	Tallahassee. FL 32303	

IMPORTANT NOTICE: Pursuant to s.607.1622(8), F.S., each party to the merger must be active and current in filing its annual report through December 31 of the calendar year which this articles of merger are being submitted to the Department of State for filing.

ARTICLES OF MERGER

FILED

MIZZMAY 12 AM ID: 27

The following articles of merger are submitted in accordance with the Florida BEFRESTA OPOST INS. Florida Statutes.

TALLA HASSEE, FL

<u>FIRST</u> : The name and jurisdiction of the $\underline{\mathbf{s}}$	urviving entity:		
Name	Jurisdiction	Entity Type	Document Number (If known/applicable)
Oracle Portfolio Management, Inc.	FL_	S-Corp	
SECOND: The name and jurisdiction of each	ach <u>merging</u> eligible	entity:	
<u>Name</u>	Jurisdiction	Entity Type	Document Number (If known/ applicable)
Oracle Portfolio Management	CA	S-Corp	C2355835

THIRD: The merger was approved by each domestic merging corporation in accordance with s.607.1101(1)(b), F.S., and by the organic law governing the other parties to the merger.

than 90 days after the date this docum Note: If the date inserted in this bloc	iling, the delayed effective date of the merger, which canent is filed by the Florida Department of State: k does not meet the applicable statutory filing requirence on the Department of State's records.	
NINTH: Signature(s) for Each Party Name of Entity/Organization: Oracle Portfolio Managem	Signature(s):	Typed or Printed Name of Individual: Garry Graham
Oracle Portfolio Manag	gement Day	Garry Graham
Corporations: General partnerships: Florida Limited Partnerships: Non-Florida Limited Partnerships: Limited Liability Companies:	Chairman, Vice Chairman, President or Officer (If no directors selected, signature of incorporator.) Signature of a general partner or authorized person Signatures of all general partners Signature of a general partner Signature of an authorized person)

•

, · · ·

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE 1 No.	4ME poration shall be:_Oracle Portfolio Mar	agement, Inc.	Mailing address, it different is: Mailing address, it different is: SECRETARY OF STATE TALLAHASSEE, FL
	RINCIPAL OFFICE		ZIIZZ MAY LO
	Principal street address		Mailing address, if different is: 27
411 Walnut St. = Green Cove Spri			SECRETARY OF STATE
	1150 11.020 15		MELAHASSEE. FL
ARTICLE III PU The purpose for wh	Profes ich the corporation is organized is: Profes	sional Corporat	ion
,			
ARTICLE V IN	s of stock is: 10,000		
Name and	Fitle: Garry Graham, Chairman	Name and T	ille: Garry Graham, President
Address	411 Walnut St #7165	Address:	411 Walnut St #7165
	Green Cove Springs FL 32043	_	Green Cove Springs F1. 32043
ARTICLE VI RE The name and Flori Name:	GISTERED AGENT da street address (P.O. Box NOT acceptable Garry Graham) of the registered	agent is:
_	411 Walnut St. #7165		
Address: _	Green Cove Springs FL 32043		
<u>-</u> <u>ARTICLE VII _ IN</u>	CORPORATOR	_	
The <u>name and addr</u>	ess of the Incorporator is:		
Name:	Garry Graham		
Address:	411 Walnut St. #7165		
	Green Cove Springs FL 32043		

ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than filling.)	TIONAL) ve days prior or 90 days after the		
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing re the document's effective date on the Department of State's records.	quirements, this date will not be listed as		
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			
Con la	04/24/2022		
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.			
(- BB - 3 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	04/24/2022		
Required Signatyfe/Incorporator	Date		