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TRANSMITTAL LETTER

FILED
96 SEP 30 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

900001960289
-10/01/96--01017--006
*****70.00 *****70.00

SUBJECT: OCALA MERCHANDISE LIQUIDATORS, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: SHEILA ANN HALE
Name (printed or typed)

6485 S.W. 162 AVE.
Address

OCALA FLA. 34474
City, State & Zip

352-873-7100
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Ocala Merchandise Liquidators, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

6136 S.W. STATE ROAD 200, OCALA, FLA. 34476

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES, PAR VALUE \$1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SHEILA ANN HALE
6485 S.W. 62 AVE.
OCALA FLA. 34474

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the Incorporator(s) to these Articles of Incorporation is(are):

SHEILA ANN HALE
6485 S.W. 62 AVE,
OCALA, FLA. 34474

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

23RD day of SEPTEMBER, 1996.

Sheila Ann Hale
Signature

Signature

Signature

Articles of Incorporation

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Ocala Merchandise Liquidators, Inc.

2. The name and address of the registered agent and office is:

SHEILA ANN HALE
(Name)

6485 S.W. 62ND AVE.
(P.O. Box not acceptable)

Ocala, FLA. 34474
(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Sheila Ann Hale
(Signature)

9/23/96