

TRANSMITTAL LETTER

P 99000018679

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

000002786010--5  
-02/24/99-01088-020  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT:

Ocala - Allegheny, 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 of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM:

Philip M HEASLER  
Name (Printed or typed)

1620 NE GO ST  
Address

FT. LAUD, FL 33334  
City, State & Zip

954 491 5590  
Daytime Telephone number

99 FEB 24 PM 12:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

F. CHESSE

FEB 26 1999

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

## ARTICLES OF INCORPORATION

*The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be: Ocala-Allegheny, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

1620 NE 60th Street  
Fort Lauderdale, FL 33334

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000 shares at \$.001 par value

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

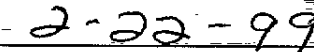
Philip M Heasley  
1620 NE 60th Street  
Fort Lauderdale, FL 33334

### ARTICLE V INCORPORATOR

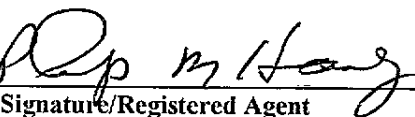
The **name and address** of the incorporator to these Articles of Incorporation are:

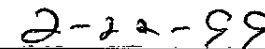
Philip M Heasley  
1620 NE 60th Street  
Fort Lauderdale, FL 33334

  
Signature/Incorporator

  
Date

*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*

  
Signature/Registered Agent

  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA