## P99899786

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

SUBJECT: Grey C		6	:000029485 -08/03/3901 *****87.50	- 02 **
Enclosed is an original and one(1) co	py of the articles	of incorporation and	a check for:	ł
\$70.00 \$78.75  Filing Fee & Certificate	of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status COPY REQUIRED	
FROM: Lawre	P. Name (Pr	O'Rei'lly inted or typed)	<del>-</del>	÷
8250	NW.	136 Lh Ave	e. Rd.	
<u>Oca</u>	(a) F1 City, S	. 3448, State & Zip 949	No.	3 P

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

Daytime Telephone number

4/15

## 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:	, 2
Grey Oaks of Ocala, Inc.	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of this corporation shall be:  Syncicated Capital Group, Inc.  7340 No. U.S. Huy. 27  Ocala, Fl. 34472	
ARTICLE III SHARES	
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:	
(1,000) One thousand shares.	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS	
THE HARDS AND PROPERTY AND THE STATE OF THE	
Lawrence P. O'Rei'lly 8250 N. W. 13646 Ave. Rd. Ocala, 171. 34482	
ARTICLE V INCORPORATOR	
The name and address of the incorporator to these Articles of Incorporation are:	<del>-</del> 7
The Action of the mediporation to these Articles of Incorporation are:	
8250 N.W. 136 42 Ave Rd.	
Oca/a/1/82	
X D J 8-1-99	
Signature/Incorporator Date	
/A 1914 A A A	

(An additional article must be added if an effective date is requested.)

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 X = 1 - 9 = 9

Signature/Registered Agent

Date