



NORTH CAROLINA

Department of the Secretary of State

To all whom these presents shall come, Greetings:

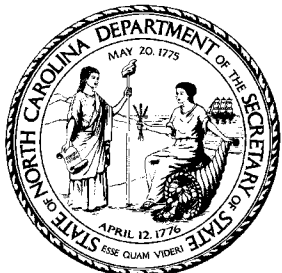
I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

ARTICLES OF INCORPORATION

OF

OAK TREE UNIT OWNERS ASSOCIATION INC

the original of which was filed in this office on the 31st day of December, 2015.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 31st day of December, 2015.

Elaine F. Marshall

Secretary of State

State of North Carolina
Department of the Secretary of State

ARTICLES OF INCORPORATION
NONPROFIT CORPORATION

Pursuant to §55A-2-02 of the General Statutes of North Carolina, the undersigned corporation does hereby submit these Articles of Incorporation for the purpose of forming a nonprofit corporation.

1. The name of the nonprofit corporation is: OAK TREE UNIT OWNERS ASSOCIATION INC.
2. (Check only if applicable.) The corporation is a charitable or religious corporation as defined in NCGS §55A-1-40(4).

3. The name of the initial registered agent is: DR. DAN K DUBE.

4. The street address and county of the initial registered agent's office of the corporation is:

Number and Street: 5653 CAROLINA BEACH RD #1.

City: WILMINGTON State: NC Zip Code: 28412 County: NEW HANOVER

The mailing address *if different from the street address* of the initial registered agent's office is:

Number and Street or PO Box: N/A

City: _____ State: NC Zip Code: _____ County: _____

5. The name and address of each incorporator is as follows:

DR. DAN K DUBE, 5653 CAROLINA BEACH RD. UNIT D2, WILMINGTON NC, 28412

6. (Check either a or b below.)

- a. The corporation will have members.
- b. The corporation will not have members.

7. Attached are provisions regarding the distribution of the corporation's assets upon its dissolution. Distributions Upon Dissolution Upon the dissolution of the corporation, the Board of Directors shall, after paying or making provision for the payment of all of the liabilities of the corporation, dispose of all of the assets of the corporation exclusively for the purposes of the corporation in such manner, or to such organization or organizations organized and operated exclusively for religious, charitable, educational, scientific or literary purposes as shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Code as the Board of Directors shall determine, or to federal, state, or local governments to be used exclusively for public purposes. Any such assets not so disposed of shall be disposed of by the Superior Court of the county in which the principal office of the corporation is then located, exclusively for such

purposes or to such organizations, such as the court shall determine, which are organized and operated exclusively for such purposes, or to such governments for such purposes.

- 8. Any other provisions which the corporation elects to include are attached.
- 9. The street address and county of the principal office of the corporation is:

Principal Office Telephone Number: (910) 791-0986

Number and Street: 5653 CAROLINA BEAC RD

City: WILMINGTON State: NC Zip Code: 28412 County: NEW HANOVER

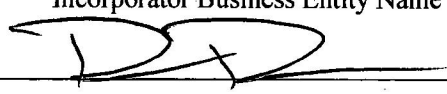
The mailing address *if different from the street address* of the principal office is:

Number and Street or PO Box: N/A

City: _____ State: _____ Zip Code: _____ County: _____

- 10. (Optional): Please provide a business e-mail address: *Privacy Redaction*
The Secretary of State's Office will e-mail the business automatically at the address provided at no charge when a document is filed. The e-mail provided will not be viewable on the website. For more information on why this service is being offered, please see the instructions for this document.
- 11. These articles will be effective upon filing, unless a future time and/or date is specified: 01 JAN 2016

This is the 09 TH day of DECEMBER, 2015.

Incorporator Business Entity Name


Signature of Incorporator
DR. DAN K. DUBE PRESIDENT
Type or print Incorporator's name and title, if any