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COVER LETTER

	Registration Section Division of Corpor						
SUBJEC	O C	ulting Associates, Inc.					
SOBJEC	~ 1 ·	Name of corporat	ion - mu	st include suffix	<u> </u>		
Dear Sir o	or Madam:						
"Certifica	ite of Existence,"	by Foreign Corporation for "Certificate of Good Sorporation to transact bus	tanding*	and check are sub			
Please ret	urn all correspon	dence concerning this ma	iter to th	e following:			
Samantha	Jackson						
		Name	of Perso	n			
Meriam C	orporate Services, I	nc.					
		Firm/C	ompany				
PO Box 5	2588						92
		Ac	ldress				
Mesa AZ	Mesa AZ 85208				. 1)	JUL 27 -	
		City/Stat	e and Zi	p code		25	_2
meriamfin	ancial@gmail.com	·				٧.	70 1
		E-mail address: (to be use	d for fu	ture annual report	notification)		<u></u>
For furthe	er information cor	ncerning this matter, pleas	e call:			• 2	22
Samantha	antha Jackson 720 318.8456						
ì	Name of Person	Area C	ode	Daytime Telep	hone Number		
R D T 2-	TREET/COURI egistration Section Division of Corpore the Centre of Talla 415 N. Monroe Section 12.	n ations ahassee creet. Suite 810		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7		
Please mal	ce check payable to	following amount: : FLORIDA DEPARTME 1 \$78.75 Filing Fee & Certificate of Status	⋉ \$78	TATE .75 Filing Fee & tified Copy	S87.50 Fi	e of Stati	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Enter name of "Inc.," "Co.," "C	corporation; must include "INCORPORATED," * Corp," "Inc," "Co," or "Corp,")	COMPANY," "CORPORATION,"		
(If name unavai	llable in Florida, enter alternate corporate name add	opted for the purpose of transacting bu	siness in Florida)	
Arizona	3	8-2489660		
(State or coun	3. Extry under the law of which it is incorporated)	(FEI number, if applicable)		
May 20, 2022	5			
(Date of incorporation) 5.		(Date of duration, if other than perpetual)		
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	orida, if prior to registration) , F.S., to determine penalty liability)		
4101 Ravenswoo	od Rd Ste 410 Fort Lauderdale FL 33312			
	(Principal office	street address)		
	(Principal office	street address) ddress, if different)		
	(Principal office	ddress, if different)	30.56 	
	(Principal office (Current mailing a	ddress, if different)	2022 JUL 2	
. Name and <u>stre</u> Name:	(Principal office (Current mailing a set address of Florida registered agent: (P.O. I	ddress, if different)	2028 JUL 27 P	
. Name and <u>stre</u>	(Principal office (Current mailing a set address of Florida registered agent: (P.O. I Cameron Szymanski	ddress, if different)	2028 JUL 27 PH 12: 22	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS					
□ Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address: 4101 Ravenswood Rd Ste 410	□Vice Chairman	Address:		
□Director	Fort Lauderdale FL 33312	□Director			
□President		□President			
□Vice President		□Vice President			
Secretary	Treasurer	☐ Secretary		□Treasurer	
□Other	□Other	□Other		□Other	
□ Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		□Director			
□President		□President			
□Vice President		□Vice President			
□Secretary	☐Treasurer	□ Secretary		□Treasurer	
□Other	Other	□Other		□Other	
				28	
□ Chairman	Name:	□Chairman	Name:		••
□Vice Chairman	Address:	□ Vice Chairman	Address:		: 1
□Director		□Director		<u>. 15</u> 2	
□President		□President		* ~	_
□Vice President		□Vice President			
□Secretary	□Treasurer	□Secretary		☐Treasurer	
□Other	□Other	□Other		□Other	
Important Notice: Usindividuals may be 12.	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment to the index when filing your Florida Department of Director of Dire	ent of State Annual Re	port form.		xed

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.





STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

1, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

Omega Consulting Associates, Inc.

ACC file number: 23376991

was incorporated under the laws of the State of Arizona on 05/20/2022;

That all annual reports owed to date by said corporation have been filed or delivered for filing, and all annual filing fees owed to date have been paid; and

That, according to the records of the Arizona Corporation Commission, said corporation is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.



IN WITNESS WHEREOF, I have hereunto set my hand, at fixed the official seal of the Arizona. Corporation Commission, and issued this Certificate on this date: 07/25/2022

Matthew Neubert, Executive Director



