P12000067769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

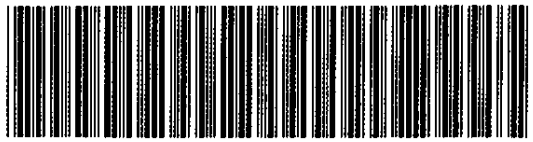
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800238031928

08/03/12--01023--002 **70.00

FILED
12 AUG -3 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRP 8/6/12

# COVER LETTER

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

**SUBJECT:** Alpha Omega Innovations Inc.
**(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)**

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

- [x] $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: William Kirk Jr.
Name (Printed or typed)

8109 North Otis Ave
Address

Tampa Fl 33604
City, State & Zip

813-841-6602
Daytime Telephone number

whbonnie1966@gmail.com
E-mail address: (to be used for future annual report notification)

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

**ARTICLES OF INCORPORATION**
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

***ARTICLE I NAME***
The name of the corporation shall be: Alpha Omega Innovations Inc.

***ARTICLE II PRINCIPAL OFFICE***

Principal **street** address
8109 North Otis Ave
Tampa Fl 33604

Mailing address, if different is:

***ARTICLE III PURPOSE***
The purpose for which the corporation is organized is:

Any Lawful Purpose.

FILED
12 AUG -3 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

***ARTICLE IV SHARES***
The number of shares of stock is: 1000

***ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS***

Name and Title: William Kirk Jr. President
Address: 8109 North Otis Ave
Tampa Fl 33604

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

***ARTICLE VI REGISTERED AGENT***
The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:
Name: Willam Kirk Jr
Address: 8109 North Otis Ave
Tampa Fl 33604

***ARTICLE VII INCORPORATOR***
The **name and address** of the Incorporator is:
Name: William Kirk Jr
Address: 8109 North Otis Ave
Tampa Fl 33604

***Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity***

William G. Kirk Jr
Required Signature/Registered Agent

7/31/2012
Date

***I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.***

William G. Kirk Jr
Required Signature/Incorporator

7/31/2012
Date