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TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 FILED PH 2: 46
PALLAHASSEE, FLORIDA

VALLAHASSEE, FLORIDA

SUBJECT: Omega Business Solutions, Inc.

Enclosed please find an original and one (1) copy of the Articles of Incorporation for the above named corporation and a check for \$122.50.

From:

Anthony N. Dema

6354 118th Avenue North Largo, Florida 33773

813-546-3561

500002613096--2 -08/17/98--01145--008 *****122.50 *****122.50

EFFECTIVE DATE

Please provide the original and one copy of the Articles.



ARTICLES OF INCORPORATION

OF

Omega Business Solutions, Inc.

The undersigned incorporators, 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:

Omega Business Solutions, Inc.

ARTICLE II PRINCIPLE OFFICE

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DIVIJON OF COMPORATIONS
TALLAHASSEE, FLORIDA

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

6354 118th Avenue North

Largo, Florida 33773

ARTICLE III SHARES

The corporation is authorized to issue 100,000 shares of One Dollar (\$1.00) par value common stock, which shall be designated as "Common Shares."

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Stephen G. Blume

6354 118th Avenue North

Largo, Florida 33773

ARTICLE V INCORPORATOR

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

Anthony N. Dema

7751 Aralia Way

Largo, FL 33777

Signature Ancerporator

Date

ARTICLE VI

EFFECTIVE DATE

The effective date of this corporation is: September 1, 1998

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 obligation of my position as registered agent.

Signature/Registered Agent

Date

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