

Fay000006281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

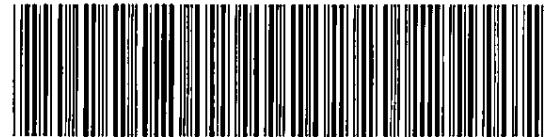
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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T. LEMIEUX
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T. LEMIEUX
DEC 12 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Omega PharmServices, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ROBERT JASSMOND

Name of Person

Omega PharmServices, Inc.

Firm/Company

3557 SOMERSET CIR

Address

KISSIMMEE

City/State and Zip code

riassmond@omegarharmservices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Jassmond at (508) 317-9005
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Enclosed is a check for the following amount:
Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

Please make check payable to: FLORIDA DEPARTMENT OF STATE

\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

1. Omega PharmServices, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 04-3427912

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1998 5.

(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3557 Somerset Circle, Kissimmee, FL 34746

(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

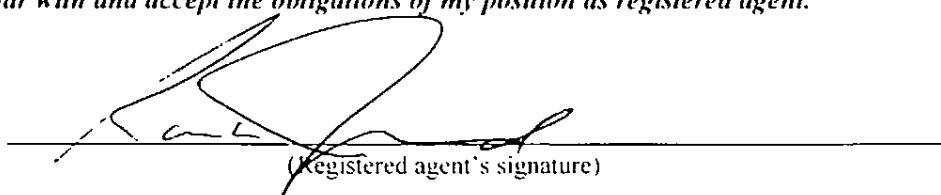
Name: Robert Jassmond

Office Address: 3557 Somerset Circle

Kissimmee, Florida 34746
(City) (Zip code)

9. Registered agent's acceptance:

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: ROBERT JASSMOND

Vice Chairman Address: 3557 Somerset Circle

Director Kissimmee

President FL. 34746

Vice President

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

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 _____

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 _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. _____

Signature of Director or Officer

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 s.817.155, F.S.

13. Robert Jassmond, President

(Typed or printed name and capacity of person signing application)

Delaware

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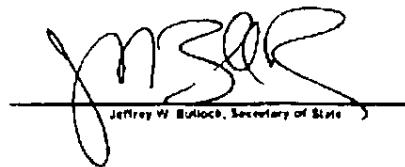
The First State

*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "OMEGA PHARMSERVICES INC." IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS
OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF OCTOBER, A.D.
2024.*

2893350 8300

SR# 20243854291

You may verify this certificate online at corp.delaware.gov/authver.shtml



A handwritten signature in black ink that reads "JWB". Below the signature, a horizontal line extends to the right, and the text "Jeffrey W. Bullock, Secretary of State" is printed in a smaller font.

Authentication: 204673522

Date: 10-21-24