

W220000003880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

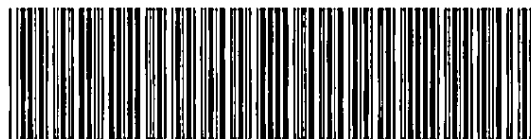
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W22000039993

Office Use Only



100381273291

04/19/22--01009--001 **35.00

02/10/22--01011--001 **35.00

12/27/21--01010--021 **35.00

[Signature]
4/19/22

2022/04/19 PM 1:09



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 APR 15 AM 7:52

SEAL
TALLAHASSEE, FL

March 28, 2022

OBADIAH HUNTER
2413 TOPSAIL ISLAND WAY
KISSIMMEE, FL 34726

SUBJECT: OMNI UNIQUE MOBILITY, INC
Ref. Number: W22000039993

We have received your document for OMNI UNIQUE MOBILITY, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please sign the highlighted lines.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Karen Lovelace
Regulatory Specialist II

Letter Number: 922A00007236

2022 APR 15 AM 7:52

COVER LETTER

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

SUBJECT: OMNI UNIFORM LIABILITY, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: OBADIAH HUNTER
Name (Printed or typed)

2413 RAJAL ISLAND WAY
Address

MISSISSAUGA, ONTARIO L4X 1L6
City, State & Zip

1-407-860-9833
Daytime Telephone number

oh.hunter@66cy3hcs.com
E-mail address: (to be used for future annual report notification)

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

2000-10-10 11:00

LLC into
non profit

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation
NonProfit

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.4115, Florida Statutes.
NonProfit

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

OMNI UNIQUE MOBILITY, LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)

on NOVEMBER 19, 2021
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida NonProfit Profit Corporation as set forth in the attached Articles of Incorporation:

OMNI UNIQUE MOBILITY, INC

Enter Name of Florida Profit Corporation
NonProfit

5. If not effective on the date of filing, enter the effective date: NOVEMBER 19, 2021
(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Corrected report
7/16/22

Signed this 23 day of DECEMBER 2021

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: [Signature]
Printed Name: DAVID J. HUNTER Title: CHAIRMAN

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: [Signature]
Printed Name: David Hunter Title: MEMBER

Signature: [Signature]
Printed Name: LATISHA HUNTER Title: MEMBER

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: DIAMOND DIVIDUE ^{MOBILITY} ~~FOUNDATION~~, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

2413 TOPSAIL ISLAND WAY
MIAMI, FLORIDA 33146

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO HELP THOSE IN NEED, WHO
CANNOT AFFORD, TO ACQUIRE NEW AND USED MOBILITY AND
MEDICAL EQUIPMENT AT NO COST TO THEM!

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DIABRIAN HUNTER / PRES Name and Title: _____

Address: 2413 TOPSAIL ISLAND Address: _____
WAY
MIAMI, FL
33146

Name and Title: LATISSA HUNTER / VP TREASURY Name and Title: _____

Address: 2413 TOPSAIL ISLAND Address: _____
WAY
MIAMI,
FLORIDA 33146

Name and Title: RODAN FUMIN / SEC Name and Title: _____

Address: 704 BEACH WAY Address: _____
POINCIANA FLORIDA
33459

Name and Title: LATISHA HUNTER - TREASURER Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: DEBORAH HUNTER

Address: 2413 TOPAIL ISLAND WAY

KIDSLAND, FLORIDA 34226

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DEBORAH HUNTER

Address: 2413 TOPAIL ISLAND WAY

KIDSLAND, FLORIDA 34226

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Deborah Hunter

Required Signature of Registered Agent

Dec. 22, 2021

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Deborah Hunter

Required Signature of Incorporator

Dec. 22, 2021

Date