Omega Architectural Products, Inc. 100 Avenue A, Suite 2E Fort Pierce, FL 34950

City/State/Zip

Phone #

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

Office Use Only

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(Corporation Name)	(Document #)	******78.75 *****78.75
2. (Corporation Name)	(Document #)	
3(Corporation Name)	(Document #)	
4(Corporation Name)	(Document #)	·
☐ Walk in ☐ Pick up time _		Certified Copy
☐ Mail out ☐ Will wait	Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS	n sakhalla e
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R Change of Regist Dissolution/With Merger	
OTHER FILINGS	REGISTRATION/O	UALIFICATION

Foreign

Other

Limited Partnership Reinstatement Trademark

REGISTRATION/QUALIFICATION

Examiner's Initials

Annual Report

☐ Fictitious Name

ARTICLES OF INCORPORATION

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the

e following articles of incorporation for such corporation:	•
ARTICLE I - CORPORATE NAME	TER FOR
The name of the corporation is: Omega Architectural Products Inc.	THE STATE OF THE S
	75. 5
ARTICLE II - DURATION	
This corporation shall exist perpetually unless dissolved according to Florida law.	

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 500 shares of common stock, par value \$ 1.00 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS 100 AVENUE F	1, Svite ZE	
CITY Fort Pierce	FLORIDA	ZIP 34450
Mailing address, if different		·
STREET ADDRESS		
•		
CITY	FLORIDA	ZIP

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	David M. Clevela	and	
ADDRE	ss 100 Avenue A C	Suite 2E	
CITY	Fort Pierce	FLORIDA	 ZIP 34950

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have	* *	
NAME David M. C.	leve land	
ADDRESS 100 AVERILO, 1	9, Suite 2E	
CITY Foot Prairie	STATE -	ZIP 34950
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME	· · · · · · · · · · · · · · · · · · ·	
ADDRESS		
CITY	STATE	ZIP
A	ARTICLE VIII - INCORPORATORS	
The names and addresses of the incorporators	signing these Articles of Incorporation are as	follows:
NAME David M C/a	weland	
	Svite 25	
CITY Fort Pierce	STATE	ZIP 34950
NAME		0,700
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
ŧ	ecuted these Articles of Incorporation this	(Signature) (Signature)
	-	(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

ON THE OF STATE OF ST

Omega Architectural Products, Inc. (name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at /C	00 Avenue A Suite 2E	
Foo	rt Pierce Fr 34950	
has named _	DAVID M. CLEVELAND	

located at the aforesaid address, as its registered agent to accept service of process within this state.

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 obligations of my position as registered agent.

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(Date)