

# P00000075540

## TRANSMITTAL LETTER

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

600003343766--0  
-08/02/00--01048--015  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: Omni Investment Group, 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 of  
Status

ADDITIONAL COPY REQUIRED

FROM:

Vicki Adams

Name (Printed or typed)

1427 Village Green Dr.

Address

Port St Lucie FL 34952

City, State & Zip

(561) 366-7888

Daytime Telephone number

RECEIVED  
07-31-00

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

00 AUG -2 PM 2:17

FILED

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

I have enclosed an extra photocopy. Please  
stamp with the filing date and return to me.  
Thank you very much!

Vicki Adams

T. Burch AUG 9 2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

August 7, 2000

VICKI ADAMS  
1427 VILLAGE GREEN DR  
PORT ST LUCIE, FL 34952

SUBJECT: OMNI INVESTMENTS GROUP, INC.  
Ref. Number: W00000019504

We have received your document for OMNI INVESTMENTS GROUP, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of 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) 487-6928.

Tim Burch  
Document Specialist

Letter Number: 000A00042562

# 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:

Omni Investment Group I, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1427 Village Green Dr  
Port St Lucie FL 34952

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct any and all lawfull business for which a corporation  
may be incorporated in the state of Florida

## ARTICLE IV SHARES

The number of shares of stock is: 1000

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Vicki Adams  
1427 Village Green Dr  
Port St Lucie FL 34952

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Vicki Adams  
1427 Village Green Dr  
Port St Lucie FL 34952

## ARTICLE VIII EFFECTIVE DATE

The effective date of incorpora:  
shall be July 31, 2000

\*\*\*\*\*  
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

Vicki Adams  
Signature/Registered Agent

Vicki Adams  
Signature/Incorporator

7/31/00  
Date

7/31/00  
Date

FILED  
00 AUG -2 PM 2:17  
TALLAHASSEE, FLORIDA

ENTERED DATE  
07-31-00