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TRANSMITTAL LETTER

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

800003381238--8

-09/05/00--01039--020

\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT:

OMEGA CRACKETS CO

(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:

MARIA VICTORIA LEMOIS

Name (Printed or typed)

740 CROSS BOW LANE

Address

SANFORD, FL 32773

City, State & Zip

409 - 302 - 8519

Daytime Telephone number

FILED  
00 SEP -5 AM 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

9-11  
WC

**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:

OMEGA Casket Co.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

P.O. BOX 950957  
LAKE MARY FL. 32795

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

SALES OF FUNERAL SUPPLIES

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s) and address(es):

MARIA VICTORIA LEMOIS  
740 CROSS BOW LANE, SANFORD FL. 32773

**ARTICLE VI REGISTERED AGENT**

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

MARIA VICTORIA LEMOIS  
740 CROSS BOW LANE, SANFORD FL. 32773

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

MARIA VICTORIA LEMOIS  
740 CROSS BOW LANE, SANFORD, FL. 32773

\*\*\*\*\*  
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

MA. Victoria Lemois

Signature/Registered Agent

9-1-00

Date

MA. Victoria Lemois

Signature/Incorporator

9-1-00

Date

FILED  
00 SEP -5 AM 10:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA