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TALLAHASSEE, FLORIDAFlorida Department of State  
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To: Division of Corporations  
Fax Number : (850)205-0381

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

## FLORIDA PROFIT CORPORATION OR P.A.

## OMY CORP.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

CERTIFICATE OF CORPORATION  
OF  
OMY CORP.

We, the undersigned, do hereby associate ourselves together and subscribe this certificate of Incorporation for the purpose of forming a Corporation under the Laws of The State of Florida, and subject to the following provisions:

ARTICLE ONE

The name of the corporation shall be:

OMY CORP.

ARTICLE TWO

The Corporation may engage in any activity or business permitted under the Laws of The United States and of The State of Florida.

ARTICLE THREE

This Corporation shall begin business with a minimum Capital in the amount of \$ 500.00 (FIVE HUNDRED) DOLLARS

Evidence by an issue of ONE HUNDRED (100) SHARES, FIVE (\$5.00) DOLLARS EACH

ARTICLE FOUR

This Corporation shall have perpetual existence.

ARTICLE FIVE

The principal office of the Corporation shall be located at: 14401 S.W 88 ST. # N-308 MIAMI FL 33156

Other offices for the transaction of business may be located wherever the directors may deem necessary of expedient.

ARTICLE SIX

The business of the Corporation shall be managed by a Board of Directors, who need not to be Stockholders of the Corporation. The number of Directors, not less than one, shall be fixed by resolution of the stockholders at any regular or special meeting, subject to the manner of holding such meeting prescribed by the by-laws.

ARTICLE SEVEN

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the Stockholders, and approved as Stockholders meeting by majority of the stock entitled to vote thereon, unless all the Directors and all the Stockholders sign a written statement manifesting their intention that certain amendment of these Article of Incorporation be made.

ARTICLE EIGHT

The names and post office addresses of the members of the First Board of Directors and Officers who shall hold office for the first year of existence of the Corporation or until their successors are elected or appointed and have qualified are follows.

OMAIRA BERRIOS	Pres/Dir Sec/Dir 14401 S.W 88 ST # N-308 MIAMI, FL 33156
WILSON BEDOYA	Vice-Pres/Dir 14401 S.W 88 ST. # N-308 MIAMI, FL 33156

ARTICLE NINE

The name and post office address of each of the subscribers to this certificate of incorporation are as follows:

OMAIRA BERRIOS	Pres/Dir Sec/Dir
	14401 S.W 88 ST.MIAMI FL 33156
WILSON BEDOYA	Vice-Pres
	14401 S.W 88 ST.MIAMI FL 33156

In witness whereof, the undersigned Incorporators have hereunto set their hands and affixed their seals on this the 20 days of Sept, 2002

! Duane Guice

✓ W. Bedoya

STATE OF FLORIDA     )  
                              )  
COUNTY OF DADE       )     SS

Before me, the undersigned authority, duly authorized to administer oaths and take acknowledgements, personally appeared the subscribers, who after first being duly sworn, executed the foregoing certificate of Incorporation, freely and voluntarily for the purpose therein expressed.

In witness whereof, I have hereunto set my hands and official seal at Miami, said county and state, this 30 day of Sept, 2001.

  
\_\_\_\_\_  
NOTARY PUBLIC State of Florida  
at Large

My commission expires: 7/31/05



Olga M. Beato  
MY COMMISSION # DD044825 EXPIRES  
July 31, 2005  
BONDED THRU TITELFARM INSURANCE, INC.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CERTIFICATE DESIGNATING DOMICILE AND  
AGENT FOR SERVICE FOR PROCESS WITHIN THE STATE OF  
FLORIDA

In compliance with Florida status, 48,091 the following  
is submitted:

FIRST: That the above styled Corporation desiring to  
organize or qualify under the laws of the State of Florida,  
with its principal place of business located at:

14401 S.W 88 ST. MIAMI, FL 33156

has named the undersigned at the address hereunder stated as  
its agent to accept service of process within Florida.

\_\_\_\_\_  
OMAIRA BERRIOS

\_\_\_\_\_  
14401 S.W 88 ST

\_\_\_\_\_  
MIAMI FL 33156

Having named to accept service of process for the above  
stated Corporation, at the place designated in this  
certificate, I hereby agree to act in this capacity, and I  
further agree to comply with all the provisions and  
regulations relative to the performance of duties.

  
\_\_\_\_\_  
Resident Agent

\_\_\_\_\_  
Date