

P040000 71883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

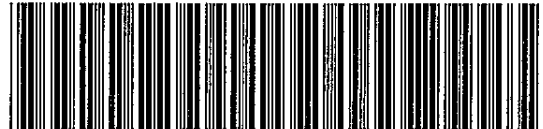
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2004 MAY -3 A 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

04 MAY -3 AM 11:35

DEPT. OF REVENUE  
TALLAHASSEE, FLORIDA

OFFICE USE ONLY(DOCUMENT #)

**LAZARUS CORPORATE FILING SERVICE**

**3320 S.W. 87 AVENUE**

**MIAMI, FLORIDA (305)552-5973**

OFFICE USE ONLY

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

1. O&M GENERAL SERVICES, INC.

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)



Walk in



Pick up time

2:00



Certified Copy



Mail out



Will wait



Photocopy



Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

## 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:  
O&M GENERAL SERVICES, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:  
955 NW 82ND AVENUE, # 219. MIAMI, FL 33126

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
TO PROVIDE GENERAL CONSULTING PROFESSIONAL SERVICES

### ARTICLE IV SHARES

The number of shares of stock is:  
1000 SHARES

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):  
OSCAR R. OLIVIER - PRESIDENT  
CAROLINA A. MISLE - VICE PRESIDENT  
955 NW 82ND AVENUE, # 219. MIAMI, FLORIDA

### ARTICLE VI REGISTERED AGENT

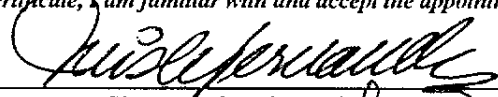
The name and Florida street address of the registered agent is:  
CAROLINA A. MISLE  
955 NW 82ND AVENUE, # 219. MIAMI, FL 33126

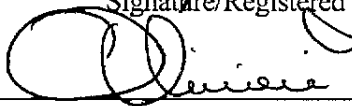
### ARTICLE VII INCORPORATOR

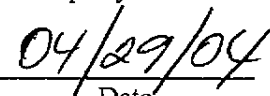
The name and address of the Incorporator is:  
OSCAR R. OLIVIER - PRESIDENT  
955 NW 82ND AVENUE, # 219. MIAMI, FL 33126

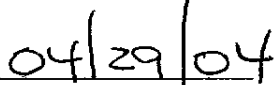
\*\*\*\*\*

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

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

FILED  
2004 MAY -3 A 9:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA