

PO40000 73709

(Requestor's Name)

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☐ PICK-UP

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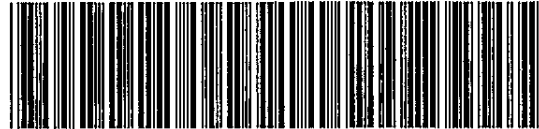
(Business Entity Name)

(Document Number)

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

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04/08/04 04:05:00 \*\*78.75

04 MAY - 6 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

1064-44512  
7/205/16/04

## TRANSMITTAL LETTER

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

RECEIVED

04 MAY -5 PM 12:12

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

SUBJECT: Omni Support Services, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☒ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                            & Certificate of  
                            Status  
**ADDITIONAL COPY REQUIRED**

FROM: Michele. M. Sharrieff

Name (Printed or typed)

P.O. Box 785

Address

Oakland, FL 34760

City, State & Zip

407/928-2183

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 14, 2004

MICHELE M SHARRIEFF  
P.O. BOX 785  
OAKLAND, FL 34760

SUBJECT: OMNI SUPPORT SERVICES, INC.  
Ref. Number: W04000014512

We have received your document for OMNI SUPPORT SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

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) 245-6927.

Tracy Smith  
Document Specialist  
New Filings Section

Letter Number: 604A00024669

# 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 Support Services, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Place of Business: 201 Hunt Street Apt. 2212 Clermont, FL 34711

Mailing Address: P.O. Box 785 Oakland, FL 34760

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide virtual office support to individuals and businesses

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Michele M. Sharrieff, President

Omar J. Sharrieff, Vice President

## ARTICLE VI REGISTERED AGENT

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

Michele M. Sharrieff  
201 Hunt Street  
Apt. 2212  
Clermont, Florida 34711

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michele M. Sharrieff  
201 Hunt Street  
Apt. 2212  
Clermont, Florida 34711

\*\*\*\*\*

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

Michele Sharrieff  
Signature/Registered Agent

4/28/04  
Date

Michele Sharrieff  
Signature/Incorporator

4/28/04  
Date

FILED  
04 MAY -6 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA