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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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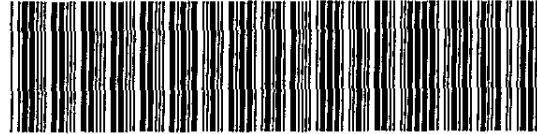
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

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

SUBJECT: O.M.Y. APPLIANCE 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: ORNIEL HERNANDEZ

Name (Printed or typed)

3417 WEST CASS STREET

Address

TAMPA, FLORIDA 33609

City, State & Zip

813-350-0785

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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.Y. APPLIANCE SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3417 WEST CASS STREET
TAMPA, FLORIDA 33609

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

AIR CONDITIONING REPAIR AND SERVICES FOR CONSTRUCTION CONTRACTORS,
MULTIPLE SERVICES AIR DUCT CLEANING APPLIANCE REPAIRS,
AIR CONDITIONING REPAIR AND INSTALLATION (WINDOWS UNITS ONLY)

ARTICLE IV SHARES

The number of shares of stock is:

N/A

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ORNIEL HERNANDEZ (DIRECTOR)
3417 WEST CASS STREET
TAMPA, FLORIDA 33609

JUAN F. RODRIGUEZ (SUB-DIRECTOR)
3417 WEST CASS STREET
TAMPA, FLORIDA 33609

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

N/A ORNIEL HERNANDEZ
3417 WEST CASS STREET
TAMPA, FLORIDA 33609

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

N/A
ADASA ROJAS
801 URBAN VILLAGE DRIVE 3A
TAMPA, FLORIDA 33607

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

11/04/2004

Date

NOTARY OF STATE
TALLAHASSEE, FLORIDA

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