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TRANSMITTAL LETTER

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

SUBJECT:	ON EXTR	ESSIONS,	TNC.
	(FROTOSED CONTON	in the state of th	yzz yr
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM:	Name	D. UPADHY e (Printed or typed) RIDAN STREET	
		RIDAN STREET Address CITY FL 33 , State & Zip	
	(954) 9 Daytime	93 - 6070 Telephone number	

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

FILED

Articles of Incorporation OM EXPRESSIONS, INC. DATABASSEE, FLORIDA

THE UNDERSIGNED, in order to form a corporation for the purposes hereinafter stated, under and pursuant to the provisions of General Corporation Law of the State of FLORIDA, hereby certifies as follows:

ARTICLE I CORPORATE NAME

The name of this corporation is OM EXPRESSIONS, INC...

ARTICLE II INITIAL OFFICE AND AGENT

The address of this Corporation's initial registered office and the name of its original registered agent at such address is:

VYOM D. UPADHYA 9369 Sheridan Street, Suite # 704, Cooper City, FL 33024

ARTICLE III **PURPOSES**

The purpose of the Corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Laws of the State of FLORIDA.

ARTICLE IV STOCK

The aggregate number of shares which this Corporation shall have authority to issue is 1,000 shares of \$1.00 par value stock.

ARTICLE V CORPORATION BY-LAWS

The Board of Directors is authorized and empowered to make, alter, amend, and rescind the By-Laws of the corporation, but By-Laws made by the Board may be altered or repealed, and new By-Laws made, by the stockholders.

ARTICLE VI LIABILITY OF DIRECTORS

Pursuant to the General Corporation Laws of the State of FLORIDA, any and all directors of this Corporation shall not be liable to the Corporation, its shareholders, or any third party for breach of duty of care; such potential liability is hereby eliminated.

ARTICLE VII BOARD OF DIRECTORS

The name and address of each person serving as a member of the initial Board of Directors are:

Om D. Upadhya 9369 Sheridan Street, Suite #704, Cooper City, FL 33024

Vimla Upadhya 9369 Sheridan Street, Suite #704, Cooper City, FL 33024

Vyom D. Upadhya 9369 Sheridan Street, Suite # 704, Cooper City, FL 33024

ARTICLE VIII INCORPORATORS

The name and address of the incorporators are:

Vyom D. Upadhya 9369 Sheridan Street, Suite # 704, Cooper City, FL 33024

Om D. Upadhya 9369 Sheridan Street, Suite # 704, Cooper City, FL 33024

IN WITNESS WHEREOF, the incorporator(s) has/have hereunto set his/her/their hand this 30 day of DECEMBER, 192004.

FILED 185 년의 - 3 - 1의 3: 59 Signature SECULIARY OF STATE TALLANASSEE, FLORIDA Signature STATE OF FLORIDA COUNTY OF BROWARD On the 30th day of December, 2004, personally appeared before me H.K. Chaydhare , the signer instrument, who duly acknowledged to me that they executed the same. _____, the signer(s) of the within Gundlan-7650 NW 20th Ct Residing at: Pernoroke Pines, FL 33024 H. K. CHAUDHARI MY COMMISSION # DD 319827 EXPIRES: May 25, 2008 Banded Thru Notacy Public Linders