

PO500000 7594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only

⚡
D. WHITE JAN 14 2005



600044115536

2005 JAN 13 P 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

01/13/05--01040--002 **78.75

TRANSMITTAL LETTER

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

SUBJECT: Omni Staffing Solutions, 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Darlene P. Allison
Name (Printed or typed)

8861 Southern Orchard Rd - S.
Address

Davie, FL 33328
City, State & Zip

954 / 474-4608
Daytime Telephone number

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:

Omni Staffing Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2105 LAVERS Circle, #402
Delray Beach, FL 33444

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Employment Agency

ARTICLE IV SHARES

The number of shares of stock is:

100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

President: Michael Lapon
3340 Delray Bay, Apt #413
Delray Beach, FL 33483

Director: Paul Lapointe
2105 Lavers Circle, #402
Delray Beach, FL 33444

ARTICLE VI REGISTERED AGENT

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

Darlene Allison
8861 Southern Orchard Rd. S.
Davie, FL 33328

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Darlene Allison
8861 Southern Orchard Rd. S.
Davie, FL 33328

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

D.P. Allison

Signature/Registered Agent

1/10/05

Date

D.P. Allison

Signature/Incorporator

1/10/05

Date

FILED
2005 JAN 13 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA