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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

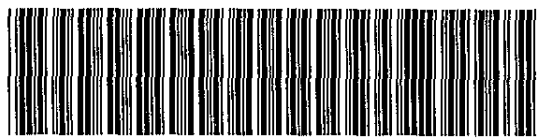
(Business Entity Name)

(Document Number)

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

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06/21/05--01024--008 \*\*78.75

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05 JUN 21 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**OMNI BUSINESSSS SERVICES, INC**

2427 BISCAYNE BLVD  
MIAMI, FLORIDA 33127  
Tel-305-576-7755  
Tel-305-576-9107

June 17, 2005

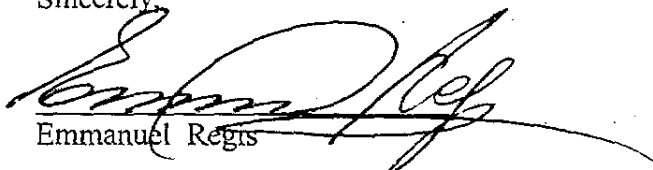
Florida Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee, Florida 32314

Dear Sir or Madam:

Enclosed you will find the Articles of Incorporation of  
OMNI PLUMBLING SERVICES, INC along with a MONEY ORDER in the amount  
of \$78.75. Please register it for me.

Your prompt attention and cooperation regarding this matter will be greatly valued.

Sincerely,

  
Emmanuel Regis

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05 JUN 21 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION  
OF  
OMNI PLUMBING SERVICES, INC**

The undersigned incorporator hereby make, subscribe, acknowledge and file with the Department of State these Articles for the purpose of forming a Corporation for Profit in accordance with the Laws of the State of Florida.

**ARTICLE I-NAME:**

**The name of this Corporation shall be:**

**OMNI PLUMBING SERVICES, INC**

**ARTICLE II- GENERAL NATURE OF BUSINESS:**

This Corporation may engage in activity or business permitted under the laws of the United States of America, and the State of Florida.

**ARTICLE III- CAPITAL STOCK:**

The maximum number of shares which the Corporation shall have authority to issue is the total sum of:

SHARES	PAR VALUE
100,000	\$1.00

which shall be designated "Common Shares". Each of said shares of stock shall entitle the holder thereof to one (1) vote at any meeting of the stockholders. All or any part of said Capital Stock may be paid for in cash, in property (other than stock or securities) or in labor or services at a fair valuation to be fixed by the incorporator or by the Board of Directors at a meeting called for such purpose. All stock when issued shall Be fully paid for and shall be non-assessable.

**ARTICLE IV-TERM OF CORPORATE EXISTENCE:**

The Corporation shall have perpetual existence.

**ARTICLE V-INITIAL REGISTERED OFFICE AND INITIAL  
AGENT:**

ADDRESS OF OFFICE	AGENT AT SUCH ADDRESS
3150 W PEMBROKE ROAD SUITE 659 HOLLYWOOD, FL 33009	SOPIRINYE LONGJOHN

IT IS ALSO THE MAILING ADDRESS FOR THIS CORPORATION

**ARTICLE VI-DIRECTOR(S):**

The Corporation shall have a minimum of one (1) director, The number of Directors may be increased from time to time by Amendment of By-Laws.

**ARTICLE VII-INITIAL BOARD OF DIRECTORS IS/ARE :**

DIRECTOR (S):	ADDRESS
VERGNIAUD LECONTE	3150 W PEMBROKE ROAD SUITE 659 HOLLYWOOD, FL 33009
SOPIRINYE LONGJOHN “ “	3150 W PEMBROKE ROAD SUITE 569 HOLLYWOOD, FL 33009
MARIE LECONTE “ “	3150 W PEMBROKE ROAD SUITE 569 HOLLYWOOD, FL 33009
CAPUCINE LECONTE	3150 W PEMBROKE ROAD SUITE 569 HOLLYWOOD, FL 33009

The member(s) of the first board of Director, unless otherwise provided by the By-laws shall old office for the first year of the existence or until their successors Are selected or appointed and qualified.

**ARTICLE VIII: SUBSCRIBER (S):**

NAME	ADDRESS	NUMBER OF SHARES
VERGNIAUD LECONTE	20301 NE 14 <sup>th</sup> AVE	60,000
" "	N. MIAMI BEACH, FL 33179	
SOPIRINYE LONGJOHN	3150 W PEMBROKE ROAD	10000
" "	HOLLYWOOD, FL 33009	
MARIE LECONTE	20301 NE 14 <sup>th</sup> AVENUE	5000
" "	N MIAMI BEACH, FL 33179	
CAPUCINE LECONTE	20301 N.E. 14 <sup>th</sup> AVENUE	5000
" "	N MIAMI BEACH, FL 33179	

**ARTICLE IX –OFFICERS:**

The officer of this Corporation shall be a President who shall be a Director, a Secretary and a Treasurer and such officer, agent and factor as may deemed necessary.

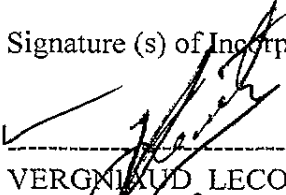
OFFICERS:	TITLE	ADDRESS
VERGNIAUD LECONTE	PRESIDENT	20301 NE 14 <sup>th</sup> AVENUE
" "		N. MIAMI BEACH, , FL 33179
SOPIRINYE LONGJOHN	TREASURER	3150 W PEMBROKE
" "		HOLLYWOOD, FL 33009
MARIE LECONTE	SECRETARY	20301 N.E. 14 <sup>th</sup> AVENUE
" "		N. MIAMI BEACH, FL 33179

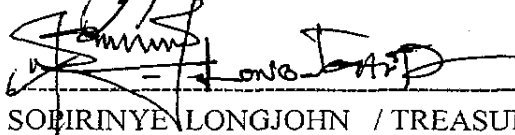
**ARTICLE X-AMENDMENT:**


The corporation reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation in the manner now or hereafter prescribed by the laws of the State of Florida and all rights conferred upon stockholder herein after are subject to this reservation.

IN WITNESS WHEREOF, the undersigned incorporator(s) have executed these Articles of Incorporation this 16<sup>th</sup> Day of JUNE 2005

Signature (s) of Incorporator (s):

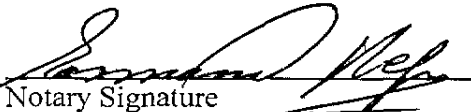
  
VERGNIAUD LECONTE / PRESIDENT

  
SOPIRINYE LONGJOHN / TREASURER

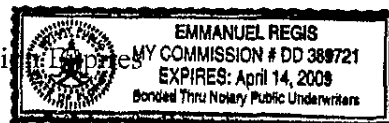
  
MARIE LECONTE / SECRETARY

State of Florida  
County of Miami-Dade

The foregoing instrument was acknowledged before me this 16<sup>th</sup> Day of  
JUNE 2005

  
Notary Signature

My Commission Expires



CERTIFICATE DESIGNATED  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the prevention of section 607.325, Florida statutes, the undersigned Corporation organized under the Laws of the State of Florida, submits the following statement designating the registered agent in the State of Florida.

**1- The name of the Corporation is :**

**OMNI PLUMBING SERVICES ,INC**

**2-The name and address of the registered agent and office is:**

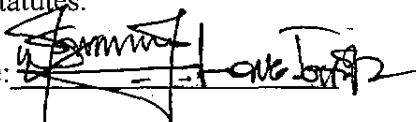
SOPIRINYE LONGJOHN  
3150 W PEMBROKE ROAD  
PEMBROKE PARK, FL 33009

IT IS ALSO THE MAILING ADDRESS OF THIS CORPORATION :

  
Signature / Corporate Officer

Date: 06/13/05

Having been named to accept service of process for the above stated Corporation, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provision of all statutes relative to the proper and complete performance of my duties and I accept the duties, and obligation of section 607.325 Florida Statutes.

Signature: 

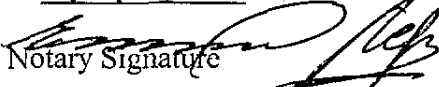
Date: 06/13/05

I hereby certify that on this day before me , a Notary Public duly authorized in the State and County named above to take acknowledgements personally appeared:

Name: SOPIRINYE LONGJOHN known to be the person described and registered agent

State of Florida  
County of Miami-Dade

The foregoing instrument was acknowledged and sworn to before me this  
of JUNE 2005

  
Notary Signature

My Comm



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SECRETARY  
TALLAHASSEE  
FLORIDA