

PO6000069979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

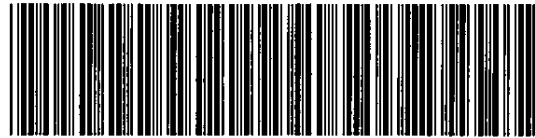
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/17/06--01021--008 **78.75

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06 MAY 17 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pa

COVER LETTER

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

SUBJECT: OMEGA TREASURE 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: OSCAR GIRALDO
Name (Printed or typed)

5881 NW CORSO AVENUE
Address

PORT ST. LUCIE FL 34986
City, State & Zip

772-878-5319
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:

OMEGA TREASURE INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5881 NW CORSO AVENUE
PORT ST.LUCIE FL 34986

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TRANSPORTATION

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

OSCAR GIRALDO (PRESIDENT)
5881 NW CORSO AVENUE
PORT ST.LUCIE FL 34986

ARTICLE VI REGISTERED AGENT

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

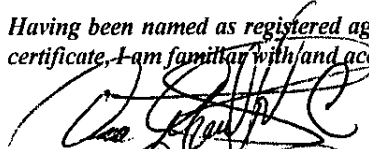
OSCAR GIRALDO
5881 NW CORSO AVENUE
PORT ST. LUCIE FL 34986

ARTICLE VII INCORPORATOR

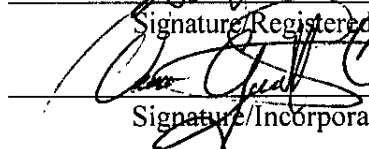
The name and address of the Incorporator is:

OSCAR GIRALDO
5881 NW CORSO AVENUE
PORT ST. LUCIE FL 34986

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

MAY 13, 2006

Date

05-13-06

Date

FILED
06 MAY 17 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA