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SECRETARY OF STATE

On

COVER LETTER

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

SUBJECT: Omega Squared, Inc	
(PROPOSED COR	PORATE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the	he articles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	 ✓ \$78.75 Filing Fee & Certified Copy & Certificate o Status ADDITIONAL COPY REQUIRED
FROM: William D. Toston	
	Name (Printed or typed)
3121 12th Street Nor	
	Address
Saint Petersburg, Flor	rida 33704 City, State & Zip
	Onj, Suut & Zip
(727) 543-0540	time Telephone number
Day	time reichnosic stannocs.

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 Squared, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3121 12th Street North Saint Petersburg, FL 33704

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For profit

SEP -8 AMIO: 18 TRETARY OF STATE "AHASSEE, FLORID.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Mary H. Toston - President

William D. Toston - Vice-President

ARTICLE VI REGISTERED AGENT

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

William D. Toston 3121 12th Street North Saint Petersburg, FL 33704

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

William D. Toston 3121 12th Street North Saint Petersburg, FL 33704

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 any accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent Date
9/5/06
Signature/Incorporator Date