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Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Document #) (Document #) (Corporation Name) Pick up time 2.00 Certified Copy Mail out ■ Will wait Photocopy Certificate of Status **NEW FILINGS AMENDMENTS Profit** Amendment Resignation of R.A., Officer/Director Not for Profit Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger **OTHER FILINGS** REGISTRATION/QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other

Examiner's Initials

ARTICLES OF INCORPORATION

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THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF SECRETARY OF STATE FORMING A TALLAHASSEE FLORIDA CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I - NAME

THE NAME OF THE CORPORATION SHALL BE:

Omega Doors Inc

ARTICLE II - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE:

12955 sw 134 Terrace Mioni 33186

ARTICLE III - SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS
THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

Martha Vargas 12955 Sw 13414 Terrace Mioni Florida 33186

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ARTICLE V - INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE 788 NOV 20 A 9 27 ARTICLES OF INCORPORATION IS:

SECRETARY OF STATE TALLAHASSEE FLORIDA

Martha Vargas 12955 Sw 134th Terrace Miami Florida 33186

SIGNATURE

ARTICLE VI - DIRECTOR(S)

THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

Martha Vargas - President

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT SIGNATURE