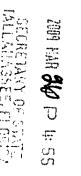
Office Use Only



900145266949

03/11/09--01016--019 **78.75





TRANSMITTAL LETTER

Corporate Records Bureau Division of Corporations Department of State Post Office Box 6327 Tallahassee, Fl. 32301

SUBJECT: WORLWIDE OMEGA 6 SERVICES, INC.

(Proposed corporate name - must include suffix)

Enclosed please find the Articles of Incorporation for the above-named corporation for filing. I have also enclosed a check in the amount of \$78.75 to cover the following:

() \$70.00 Filing Fees \$78.75 Filing Fees & Certificate of Status

(:) \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: J. Curtis Boyd, Esq., Attorney at Law Name (Printed or typed)

120 ORANGE AVE.

Address

Fort Pierce, Florida 34950 City, State & Zip

(772) 468-1004

Daytime Telephone number



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 18, 2009

J. CURTIS BOYD, ESQ. 120 ORANGE AVE. FT. PIERCE, FL 34950

SUBJECT: WORLDWIDE OMEGA 6 SERVICES, INC.

Ref. Number: W09000012904

We have received your document for WORLDWIDE OMEGA 6 SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please spell out the city of PSL wherever it appears in your document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Wanda Cunningham Regulatory Specialist II New Filing Section

Letter Number: 709A00009285

DEPARTHENT OF STATE



ARTICLES OF INCORPORATION

OF

WORLDWIDE OMEGA 6 SERVICES, INC.

We, the undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt the following Articles of Incorporation:

ARTICLE I

NAME

The name of the corporation is WORLDWIDE OMEGA 6 SERVICES, INC.

ARTICLE II

DURATION :

The term of existence of the corporation is perpetual.

ARTICLE III

PURPOSE

The general nature of the business of the corporation is to engage in any activities authorized by Florida Statutes and to conduct and any and all activities or business permitted under the laws of the United States in Florida.

ARTICLE IV

CAPITAL STOCK

The aggregate number of shares which the corporation has authority to issue is 1000, all of which shall be common shares with

a par value of \$1.00.

ARTICLE V

REGISTERED AGENT

The street address and mailing address of the initial principal office is 6530 NW OMEGA RD., PORT SAINT LUCIE, FL, 34983, and the name of the initial registered agent of the corporation is PEDRO F. SARDINAS, whose address is 6530 NW OMEGA RD., PORT SAINT LUCIE, FL 34983.

ARTICLE VI

INCORPORATORS

The name and residence of the subscribers are as follows:

NAME

PEDRO F. SARDINAS 6530 NW OMEGA RD, PORT SAINT LUCIE, FL 34983

ARTICLE VII

OFFICERS

The name of the officers who are to serve until the first election shall be:

PEDRO F. SARDINAS

PRESIDENT

NANCY SARDINAS

VICE PRESIDENT/SECRETARY/TREASURER

ARTICLE VIII

MANAGEMENT

The affairs of this corporation shall be managed by the shareholders.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 9th/day of March, 2009.

PEDRO F SARDINAS

ACCEPTANCE BY REGISTERED AGENT

I am familiar with and accept the duties and responsibilities

as registered agent for said corporation,

PEDRO F. SARDINAS

STATE OF FLORIDA COUNTY OF ST. LUCIE

BEFORE ME, the undersigned officer, this day personally appeared PEDRO F. SARDINAS, () who is personally known to me or () who produced the following identification FLA Delver LICENSE and acknowledged before me that he/she executed those Articles of Incorporation.

WITNESS my hand and official seal on this $\underline{G^{TH}}$ day of $\underline{\bigcap_{AZCH}}$, 2009.

NOTARY PUBLIC - State of Florida at Large.

CeCelia A. Lakas
Commission # DD544371
Expires June 21, 2010
Bonded Tray Fair - Insurance, Inc. 800-385-7019