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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				
Special Instructions to Filing Officer:				
Mr. Megghc GAVE AUTHORIZATION BY PHONE TO CORRECT OCH Drincipal address DATE 9/16/09 DOC. EXAM VA				

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE FI ORIDA

14

COVER LETTER

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

SUBJECT:	Omni Bio Disinfection, Inc (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:
☐ \$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:		d G. Meagher	
	Name (Printed or typed) 639 N. E. 21st Ave Address		
	Ocala, Fl 34470 City, State & Zip		
	352-239-0426 Daytime Telephone number		
	bunkhouse40@yahoo.com E-mail address: (to be used for future annual report notification)		notification)

NOTE: Please provide the original and one copy of the articles.

APPROVED

*ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I

The name of the corporation shall be:

Omni Bio Disinfection, Inc.

SECRETARY OF STATE TALLAHASSEE. FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

639 N.E. 21st Ave. Ocala, Fl. 34470

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sales and Service of Products

ARTICLE IV SHARES

The number of shares of stock is:

1,000

INITIAL OFFICERS AND/OR DIRECTORS

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

John A. Barton - President

639 N.E. 21st Ave.

Ocala, Fl. 34470

Richard G. Meagher - CEO, Secretary/Treasurer

639 N. E. 21st Ave.

Ocala, Fl. 34470

ARTICLE VI REGISTERED AGENT

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

Richard G. Meagher

639 N.E. 21st Ave.

Ocala, Fl. 34470

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Richard G. Meagher

639 N.E. 21st Ave

Ocala, Fl. 34470

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 RicHand G. Me 49 Hen

Signature/Incorporator

September 11, 2009

Date

September 11, 2009

Date

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