

P/D 000061119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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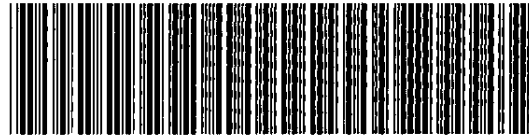
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 28 2010
D.A. WHITE

COVER LETTER

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

SUBJECT: OMNI GOURMET CORP
(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: OMNI GOURMET CORP
Name (Printed or typed)

369 PURITAN RD.
Address

WEST PALM BEACH, FL 33405
City, State & Zip

678-665-2194
Daytime Telephone number

MAXMAGNOU@BELLSOUTH.NET
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

In compliance with Chapter 507 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: *OMNI GOURMET CORP.*

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ARTICLE II PRINCIPAL OFFICE

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

*369 PURITAN RD
WEST PALM BEACH, FL 33405*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is:

1000 (ONE THOUSAND SHARES)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*MAXENCE RUBY MAGNOU - CEO
111 WOODSMUIR CT.
PALM BEACH GARDENS, FL 33418*

*PATRICK LEZE - CEO
229 SUNRISE AVE.
PALM BEACH, FL 33480*

ARTICLE VI REGISTERED AGENT

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

*MAXENCE RUBY MAGNOU -
111 WOODSMUIR CT.
PALM BEACH, FL 33418
GARDENS*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*MAXENCE RUBY MAGNOU
111 WOODSMUIR CT
PALM BEACH, FL 33418
GARDENS*

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]*

Signature/Registered Agent
[Signature]

Signature/Incorporator

07-14-10

Date

07-14-10

Date