

**Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850) 617-6381

**From:**

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
OMA CONSULTING, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2010 OCT 26 PM 2:20

RECEIVED  
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TALLAHASSEE, FLORIDA

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10/26/2010

*for* 10/27/10

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ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be:

OMA CONSULTING, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

8210 SW 116 TERR

MIAMI, FLORIDA 33156

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
To provide consulting services.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Edda Obando - D/P/S/T

Address: 8210 SW 116 TERR

Miami, Florida 33156

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

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

Name: Edda Obando

Address: 8210 SW 116 TERR

Miami, Florida 33156

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Edda Obando

Address: 8210 SW 116 TERR

Miami, Florida 33156

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

*Edda Obando*

Required Signature/Registered Agent

10-25-2010

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

*Edda Obando*

Required Signature/Incorporator

10-25-2010

Date

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