

**Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

****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
OMEGA TRADE VENTURES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

RECEIVED
11 MAR-8 PM 1:59
DIVISION OF CORPORATIONS

FILED
2011 MAR-8 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAR 09 2011

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

OMEGA TRADE VENTURES, INC.**ARTICLE II PRINCIPAL OFFICE**

Principal street address

**7601 EAST TREASURE DRIVE, STE 1716
MIAMI, FL 33141**

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

GENERAL**ARTICLE IV SHARES**The number of shares of stock is: **200 SHARES NO PAR****ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **OSCAR CORDOVA JR (DIRECTOR)** Name and Title:Address: **7601 EAST TREASURE, STE 1716** Address:**MIAMI, FL 33141**

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: **OSCAR CORDOVA**Address: **7601 EAST TREASURE DRIVE, STE 1716
MIAMI, FL 33141****ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **OSCAR CORDOVA**Address: **7601 EAST TREASURE DRIVE, STE 1716
MIAMI, FL 33141**

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

Required Signature/Registered Agent

3/3/11

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.

Required Signature/Incorporator

3/3/11

Date

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA