P/100006/328

(Requestor's Name)
(Address)
(Addless)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
/DAll
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
operation to thing office.





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~ 07/06/11

COVER LETTER

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

SUBJECT: OMO SVS	Lems Inc
(PROPOSED CORPORA	te name – <u>must include suffix</u>)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: C Dary Name	Rosen berger (Printed or typed) St. Johns Bluff R)
145 d	ddress Blutt NU
Jac (50)	NVILLO FL State & Zip
Daytime Te	923-54917 Elephone number
Buttle	15 C) A) L, COM

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

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: OMD	systems.	Inc.		
Design	PAL OFFICE cipal street address 3 2 5 + Johns B according to the control of th	32225 ===	Mailing address, if di	fferent is:	
ARTICLE III PURPOS The purpose for which the c		e <i>5</i>		11 JUL -1 AM 9:	COMPANY CONTRACTOR CON
ARTICLE IV SHARE The number of shares of stock ARTICLE V INITIAL	- 12321	TORS LPres	sident	S 56 ATE ORIBA	'
Name and Title: C (Address:	Daryl Rosenhe.	Name and Title Representation Repres	~ · ·	Barber Johns /	VP 31,117 32025
Name and Title: Ma Address:		Name and Title)		
Name and Title: And Address: 14-30	rew Rosenborge 2 St John Blut Woonville F/3	Name and Title Address:			
	ERED AGENT address (P.O. Box NOT acceptate to the second	ole) of the registered ages	nt is:		
ARTICLE VII INCORF The name and address of the Name: Address:	PORATOR Incorporator is: DARY/RANGE 432/5E	enberger 132225			
Having been named as regis this certificate, I am familiar	tered agent to accept service of powith and accept the appointment of	rocess for the above sta is registered agent and a	ated corporation at the agree to act in this cap	e place designation	ted in
<u>Dany</u>	Q VI O O O O O O O O O O O O O O O O O O	yer	_6	/ <u>2</u> 8/2 Date	<u>0)</u> /
I submit this document and document to the Department	affirm that the facts stated herein of State constitutes a third degree j	n are true. I am aware felony as provided for in	that the false inform s.817.155, F.S.	nation submitted	in a
Daryl	Required Signature/Incorporator	<u>u</u>	<u> </u>	28/Q Date	<u>0</u> //