

PI4000094465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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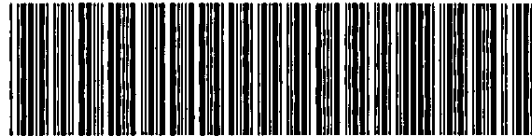
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 NOV 20 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVAL
AND
FILED

1/11

COVER LETTER

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

SUBJECT: **CARPE OM INC.**

(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: **David-William Johnson**

Name (Printed or typed)

18151 N.E. 31st court Suite 301

Address

Aventura, FL 33160

City, State & Zip

305-450-7123

Daytime Telephone number

dwjohnson19@gmail.com

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

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: CARPE OM INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

18151 N.E. 31st court Suite 301

Aventura, FL 33160

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Mailing address, if different is:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

The purpose of this corporation is to engage in any lawful activity for which corporations may be incorporated in this state. For profit corporation.

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David-William Johnson PTSD

Name and Title: _____

Address 18151 N.E. 31st court Suite 301

Address: _____

Aventura, FL 33160

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

APPROVED (cont.)
AND
FILED

Name and Title: _____ Name and Title: _____

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Address _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Michla Johnson

Address: 18151 N.E. 31st court Suite 301

Aventura, FL 33160

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David-William Johnson

Address: 18151 N.E. 31st court Suite 301

Aventura, FL 33160

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

11/18/14
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

11/18/14
Date