

P15000016218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

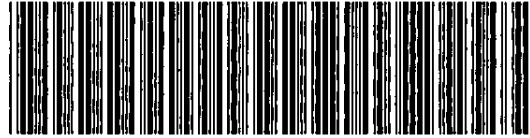
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900268970759

02/17/15--01021--023 **70.00

STATE OF FLORIDA
ALL ADDRESSES IN FLORIDA

15 FEB 17 PM 12:20

MD 2/18

COVER LETTER

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

SUBJECT: Omega Knives 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 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: Scott Williams

Name (Printed or typed)

225 W. McKey St

Address

Ocoee, Fl. 34761

City, State & Zip

407-770-3906

Daytime Telephone number

1omegaknives@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)

ARTICLE I NAME
The name of the corporation shall be: Omega Knives Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address
225 W McKey St
Ocoee, FL 34761

Mailing address, if different is:
P.O. Box 271
Ocoee, FL 34761

15 FEB 17 PM 12:28
SHERIFF'S OFFICE
MILWAUKEE COUNTY
FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Retail sales of merchandise at gun shows and any and all lawful business

ARTICLE IV SHARES
The number of shares of stock is: One

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Scott Williams
 Address: 225 W McKey St
Ocoee, FL 34761


15 FEB 17 PM 12:29
 STATE OF FLORIDA
 DEPARTMENT OF STATE
 ALL INFORMATION CONTAINED
 HEREIN IS UNCLASSIFIED
 DATE 08-11-2010 BY 60322 UCBAW

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

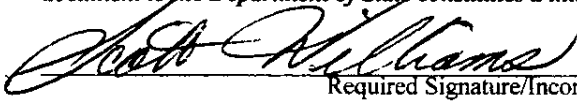
Name: Scott Williams
 Address: 225 W McKey St
Ocoee, FL 34761

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

2-11-2015
 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

2-11-2015
 Date