

P1600000 62 077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

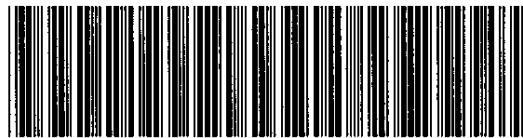
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

JUL 27 2016

T. SCOTT



700287507537

07/19/16--01016--008 \*\*87.50

16 JUL 19 AM 11:10

## COVER LETTER

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

**SUBJECT:** ALPHA-OMEGA PRODUCTIONS, 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: Enoch Lewis-Hills  
\_\_\_\_\_  
Name (Printed or typed)

2285 W 6th Ct  
\_\_\_\_\_  
Address

Hialeah, FL 33010  
\_\_\_\_\_  
City, State & Zip

786-237-9301  
\_\_\_\_\_  
Daytime Telephone number

aoproductionz@yahoo.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: ALPHA-OMEGA PRODUCTIONS, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2285 W 6th Ct., Hialeah, Fl 33010

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Event Production Services

**ARTICLE IV SHARES**

The number of shares of stock is: 10000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Enoch Lewis-Hills, CEO

Name and Title: Temani Hills, VP

Address 2285 W 6th Ct, Hialeah, Fl 33010

Address: 2285 W 6th Ct, Hialeah, Fl 33010

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

16 JUL 19 AM 11:10

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: Temani Hills \_\_\_\_\_

Address: 2285 W 6th Ct, Hialeah, FL 33010 \_\_\_\_\_

\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Enoch Lewis-Hills \_\_\_\_\_

Address: 2285 W 6th Ct, Hialeah, FL 33010 \_\_\_\_\_

\_\_\_\_\_


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 07/15/2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

07/15/2016  
\_\_\_\_\_  
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

07/15/2016  
\_\_\_\_\_  
Date