

P1800041162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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MAY 08 2018



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 MAY -2 PM 2:18

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COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: OMNIPLEX MANAGEMENT INC

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

RIJAB A. OMAR

Contact Person

Omniplex Management Inc

Firm/Company

1116 WOODFIELD COURT

Address

GREENACRES, FL 33415

City, State and Zip Code

RIJABAOMAR@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RIJAB OMAR

at (561) 308-1739

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$105.00 Filing Fees ☒ \$113.75 Filing Fees and Certificate of Status ☐ \$113.75 Filing Fees and Certified Copy ☒ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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18 MAY - 2 PM 2:18
MAY 17 2018

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following "Other Business Entity" into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

OMNIPLEX MANAGEMENT INC

File 00000568

Enter Name of Other Business Entity

2. The "Other Business Entity" is a CORPORATION

(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of DELAWARE

(Enter state, or if a non-U.S. entity, the name of the country)

on OCTOBER 28, 2010

Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

OMNIPLEX MANAGEMENT INC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 04/23/2018

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

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.

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CLERK OF THE COURT
TALLAHASSEE, FLORIDA

Signed this 23 day of APRIL, 2018.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an

Incorporator: ALAIN ROY

Printed Name: ALAIN ROY Title: CDPS

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: Alain Roy

Printed Name: ALAIN ROY Title: CDPS

Signature: George Koutsogiannis

Printed Name: GEORGE KOUTSOGIANNIS Title: VP

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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: OMNIPLEX MANAGEMENT INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address
1116 WOODFIELD COURT
GREENACRES, FL 33415

Mailing address, if different is:
SAME AS PRINCIPAL ADDRESS

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
REAL ESTATE INVESTMENT AND MANAGEMENT

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALAIN ROY
Address: 1405 WEBB AVENUE, LAVAL QUEBEC
QUEBEC CANADA H7W 3R6

Name and Title: GEORGE KOUTSOGIANNIS
Address: 1405 WEBB AVENUE, LAVAL QUEBEC
QUEBEC CANADA H7W 3R6

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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CLERK OF COURT
MAIL ADDRESS
1100

ARTICLE VI REGISTERED AGENT

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

Name: RIJAB OMAR
Address: 1116 WOODFIELD COURT
GREENACRES, FL 33415

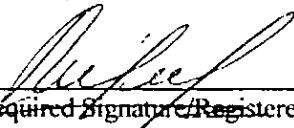
ARTICLE VII INCORPORATOR

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

Name: ALAIN ROY
Address: 1405 WEBB AVENUE
LAVAL QUEBEC CANADA H7W 3R6

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CLERK OF THE COURT
TALLAHASSEE, FL 32301

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

04/23/2018

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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

04/23/2018

Date