

3/28/2019

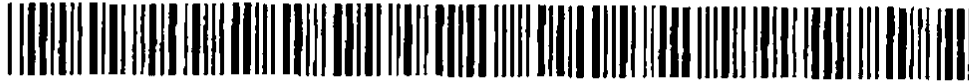
Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# P19000027619

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(((H19000103461 3)))



H190001034613ABCZ

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Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
OMEGA QUALITY SERVICES INC.**

Certificate of Status	0
Certified Copy	0
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Corporate Filing Menu

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March 29, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
EXPRESS CORPORATE FILING SERVICES INC

SUBJECT: OMEGA QUALITY SERVICES INC.  
REF: W19000031895

We have received your document for OMEGA QUALITY SERVICES INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page  
Regulatory Specialist II

FAX Aud. #: H19000103461  
Letter Number: 919A00006248

## ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Omega Quality Services INC.ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

440 Sw 133ct  
Miami FL 33184P.O. Box 94662  
Miami FL 33194ARTICLE III PURPOSEThe purpose for which the corporation is organized is: the purpose for this  
business is any and all lawful business, and  
received payments of a Tractor Trailer  
company that subcontracting on  
behalf of the company.ARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Hector Ovando (Presidente) Name and Title: \_\_\_\_\_Address: 440 Sw 133ct Address: \_\_\_\_\_Miami FL 33184

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: Hector Oquendo  
Address: 440 SW 133 CT  
Miami FL 33184

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Hector Oquendo  
Address: 440 SW 133 CT  
Miami FL 33184

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 3/22/19 (OPTIONAL)

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

[Signature]  
Required Signature/Registered Agent

3/22/19  
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.

[Signature]  
Required Signature/Incorporator

3/22/19  
Date