

P19000048076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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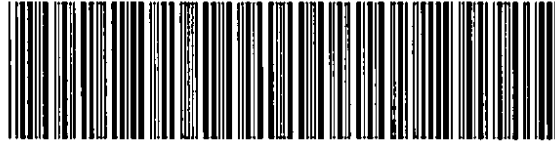
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

N CULLIGAN

JUN 14 2019

COVER LETTER

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

SUBJECT: Omega Security Force

(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: Arnold George Sinclair III

Name (Printed or typed)

11050 SW 197th Street, C207, Cutler Bay, FL 33157

Address

Cutler Bay, FL 33157

City, State & Zip

(561) 507-4320

Daytime Telephone number

Arnoldsinclair3@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: Dmego Security Force Corp.

ARTICLE II PRINCIPAL OFFICE

11050 SW 19TH Street, C207
Cutler Bay, FL 33157

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose is to
provide security services and educational
trainings; Any and all lawful business
relations.

ARTICLE IV SHARES

The number of shares of stock is: 1000 at \$1 per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Arnold G. Sinclair III Name and Title: _____

Address: President Address: _____

11050 SW 19TH Street, C207

Cutler Bay, FL 33157

Name and Title: Beslie Sinclair III Name and Title: _____

Address: Secretary Address: _____

11050 SW 19TH Street, C207

Cutler Bay, FL 33157

Name and Title: Arnold G. Sinclair III Name and Title: _____

Address: Treasurer Address: _____

11050 SW 19TH Street, C207

Cutler Bay, FL 33157

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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: Arnold G. Sinclair III

Address: 11050 SW 197th Street, C207
Cutler Bay, FL 33157

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Arnold G. Sinclair III

Address: 11050 SW 197th Street, C207
Cutler Bay, FL 33157

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TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: N/A (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

Arnold George Sinclair III
Required Signature/Registered Agent

MAY 31 2019
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.

Arnold George Sinclair III
Required Signature/Incorporator

MAY 31 2019
Date