

P20000011421

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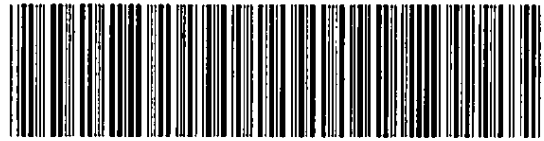
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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20 JAN 15 PM 3:32
CLERK OF COURT
JAN 15 2020

COVER LETTER

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

SUBJECT: Omnisense Systems USA, 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: JOEL R. LAVENDER, P.A.

Name (Printed or typed)

507 SE 11TH COURT

Address

FORT LAUDERDALE, FL 33316

City, State & Zip

954-522-5101

Daytime Telephone number

RICK@LEWINGERGROU.P.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: Omnisense Systems USA, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

OO THE LEWINGER GROUP

5300 W. HILLSBORO BOULEVARD, SUITE 100

COCONUT CREEK, FL 33073

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For any and all lawful purposes.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LEONARD LIM, PRESIDENT

Name and Title: _____

Address 29 HAZEL PARK TERRACE

Address: _____

#01-05 HAZEL PARK CONDOMINIUM

SINGAPORE 678950

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: RICK M. LEWINGER CPA

Address: 5300 W. HILLSBORO BOULEVARD, SUITE 100

COCONUT CREEK, FL 33073

ARTICLE VII INCORPORATOR

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

Name: JOEL R. LAVENDER, P.A.

Address: 507 SE 11TH COURT

FORT LAUDERDALE, FL 33316

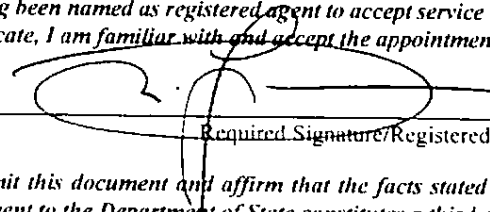
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

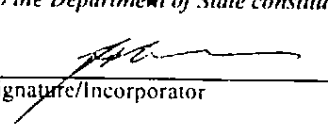


Required Signature/Registered Agent

1/14/20

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

1/15/20

Date