

P 200000 23640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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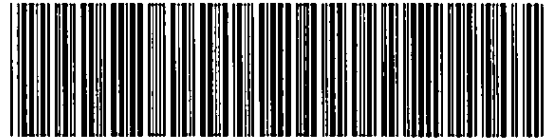
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FEB 21 2020

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 FEB 21 PM 1:03

COVER LETTER

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

SUBJECT: ORI OMA Corp
(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: Jorge OCTAVIO MARTÍNEZ
Name (Printed or typed)
750 FLAGAMI Blvd
Address
MIAMI FL 33144
City, State & Zip
786-765-9815
Daytime Telephone number
MARTINEZ0818@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:

Ori Oma Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

750 Flagami Blvd
Miami Florida 33144

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Botanical Stone, Retail Merchandise
Religious Articles, Beads, Necklaces, Bowls, Ceramics,
Cloths, Clothing, for Religious and Spiritual Use.

ARTICLE IV SHARES

The number of shares of stock is:

100

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CLERK OF SUPERIOR COURT
DIVISION OF CORPORATIONS
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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Jorge O Martinez
President

Address

5643 Biscayne Drive
Greenacres, Fl, 33463

Name and Title:

Ricardo Reyes
Vice President

Address:

15430 SW 297 Terr
HOMestead, Florida 33033

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

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: RICARDO REYES
Address: 15430 SW 297 Terr
Homestead FL 33033

ARTICLE VII INCORPORATOR

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

Name: Jorge Octavio Martinez
Address: 5643 Biscayne Drive
Greenacres Florida 33463

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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

Ricardo Reyes 2/14/2020
Required Signature/Registered Agent 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.

Jorge Martinez 2/14/2020
Required Signature/Incorporator Date