

Florida Department of State
Division of Corporations
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
OMNISPACE CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2020 AUG -4 AM 8: 45
CORPORATIONS
COMMERCIAL
SERVICES

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: OMNISPAC CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1476 NW 168 AVENUE PEMBROKE PINES, FL 33028

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Andres O. Rubinstein (President)

Name and Title:

Address 1476 NW 168 AVENUE

Address:

PEMBROKE PINES, FL 33028

Name and Title: Monica Florio Amad (Secretary)

Name and Title:

Address 1476 NW 168 AVENUE

Address:

PEMBROKE PINES, FL 33028

Name and Title:

Name and Title:

Address

Address:

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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: MONICA FLORIO AMAD
 Address: 1476 NW 168 AVENUE
PEMBROKE PINES FL 33028

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 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LUIS F ROSALES
 Address: 5931 NW 173RD DR UNIT 9
HIALEAH FL 33015

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.)

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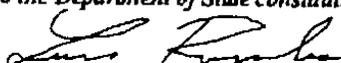
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



 Required Signature/Registered Agent

07/30/2020
 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

07/30/2020
 Date