

P21000094793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

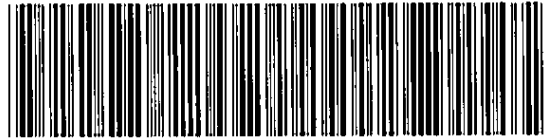
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



700373131227

FILED

2021 NOV -5 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2021 NOV -5 PM 2:13

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 11/05/2021

****WALK IN****

ENTITY NAME Omniverse Reserve Corp.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$78.75

ACCOUNT #: I20160000072

S R M

Please call Tina at the above number for any issues or concerns. Thank you so much!

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: Omniverse Reserve Corp.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

Mailing address, if different is:

18990 South Tamiami Trail
Suite 4
Fort Meyers, FL 33908

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful activity for which a corporation may be
formed in the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gary Baumann, Director & President

Name and Title: _____

Address 18990 South Tamiami Trail

Address: _____

Suite 4

Fort Meyers, FL 33908

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
2021 NOV -5 PM 3:13
SECRETARY OF STATE
TAMPA, FL

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: Gary Baumann
Address: 18990 South Tamiami Trail, Suite 4
Fort Meyers, FL 33908

ARTICLE VII INCORPORATOR

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

Name: Gary Baumann
Address: 18990 South Tamiami Trail, Suite 4
Fort Meyers, FL 33908

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

/s/Gary Baumann
Required Signature/Registered Agent

11/5/2021
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.

/s/Gary Baumann
Required Signature/Incorporator

Date 11/5/2021

FILED
2021 NOV -5 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FL