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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : SICONT ENTERPRISES OF AMERICA INC
Account Number : I20160000041
Phone : (407)443-8973
Fax Number : (407)930-2626

****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 OMEGA BEHAVIORAL CARE CORP

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

RECEIVED

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Corporate Filing Menu

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H 22 000 1814523

COVER LETTER

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

SUBJECT: OMEGA BEHAVIORAL CARE 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 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: SICONT ENTERPRISES OF AMERICA INC
Name (Printed or typed)

13550 Village Park Dr., Ste 255
Address

Orlando, FL 32837
City, State & Zip

407-443-8973
Daytime Telephone number

sunbiz.sicont@hotmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

2022 MAY 23 PM 2:21

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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: OMEGA BEHAVIORAL CARE CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

13550 Village Park Dr., Ste 255

13550 Village Park Dr., Ste 255

Orlando FL 32837

Orlando, FL 32837

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any and all lawful business activities allowed in
the United States of America and the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Almary Lopez, MGR

Name and Title: Omar Guzman, MGR

Address 13550 Village Park Dr., Ste 255

Address: 13550 Village Park Dr., Ste 255

Orlando, FL 32837

Orlando, FL 32837

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: ORLANDO REGISTERED AGENTS LLC

Address: 13550 VILLAGE PARK DR, STE 255
ORLANDO, FL 32837

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DESIREE TORRES

Address: 13550 VILLAGE PARK DR, STE 255
ORLANDO, FL 32837

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

2022 MAY 20 PM 5:21
5/18/22
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.

ARMARY LOPEZ
Required Signature/Incorporator

5/18/22
Date

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eSignature - Certificate of Completion

Document id: CS8HHNSQ
Signatures: 1
Initials: 0
Signature originator: Desiree Torres (sicont@live.com)
Originator IP address: 108.188.144.101
Time zone: UTC
Document pages: 1

Signers

Signer:	ALMARY LOPEZ loalmay@gmail.com	Signature ALMARY LOPEZ <i>ALMARY LOPEZ</i>
Signer id:	None	
IP address:	12.244.89.130	
User id:	C4HSLDYN4	
Timestamp:	Sent - 18/05/2022 05:10 PM Opened - None Signed - 18/05/2022 05:11 PM	

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