

P22000048350

Florida Department of State
Division of Corporations

Electronic Filing Cover Sheet

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To:

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

From:

Account Name : JABBASH LLC
Account Number : I20220000113
Phone : (407)434-0012
Fax Number : (321)577-1025

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
Omar AO, Inc.

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: Omar AO, 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
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: Lesbia Segura

Name (Printed or typed)

3321 S ORANGE BLOSSOM TRAIL #206

Address

Kissimmee, FL 34746

City, State & Zip

407-434-0012

Daytime Telephone number

BlessedTeaminfo@protonmail.com

E-mail address: (to be used for future annual report notification)

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

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6-13-22

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

(((H22000207281 3)))

ARTICLE I NAME

The name of the corporation shall be: Omar AO, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3 Maple Leaf Dr
Hyde Park, MA 02136

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Omar Manuel Orellana, P
Address: 3 Maple Leaf Dr
Hyde Park, MA 02136

Name and Title: _____
Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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MASS. SEC. FILE

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

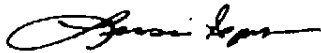
Name: LESBIA SEGURA
 Address: 3321 S ORANGE BLOSSOM TRAIL #206
KISSIMMEE, FL 34746

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: LESBIA SEGURA
 Address: 3321 S ORANGE BLOSSOM TRAIL #206
KISSIMMEE, FL 34746

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: JUNE 10, 2022 (OPTIONAL)

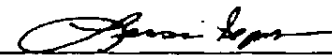
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

6/10/2022

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

6/10/2022

Date

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