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(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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OMYMO EXPORT INC

3080 N COURSE DR

APT 102

POMPANOO BEACH FL 33069

To Whom It May Concern,

My name is Oscar Usma and I am the sole owner of OMYMO EXPORT INC whose document number is P17000052241. Enclosed I am sending a check for \$70.00 filing fee for a new corporation. I do not have the money to pay for a reinstatement and would like to open a new company with the same name using the same address.

Please feel free to contact me if you need anything additional. I can be contacted at any time (786)202-9366.

Occar Hema

DP

OMYMO EXPORT INC



2022 JUL 22 PH 4: 42



June 1, 2022

OSCAR USMA 3080 N COURSE DR APT 102 POMPANO BEACH, FL 33069

SUBJECT: OMYMO EXPORT INC Ref. Number: W22000071594

We have received your document for OMYMO EXPORT INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our office only recieved your check for \$70 dollars but no Articles of Incorporation. Please send the enclosed form back to me filled out so that can process your request.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 522A00012280

Matthew T Moon
Regulatory Specialist II Supervisor



COVER LETTER

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

SUBJECT:	OMYMO EXP		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	JDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	l 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 CO	PY REQUIRED
FROM:	Mauricio USM Name	(Printed or typed)	
	3080 N COURSE	Address	
	Pompano Beach	14-C 33069 State & Zip	-,
_	954-652- Daytime T	8161 elephone number	
	Mauriciousma 156 E-mail address: (to be used	OMCILLOM I for future annual report n	otification)

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 NAM. The name of the corpor	E ation shall be:	OMYMO EXF	xort inc
ARTICLE II PRIN	<u>CIPAL OFFICE</u> Principal <u>street</u> address		Mailing address, if different is:
DSO N COU	rse or apt loa		
Pompano P	brach FC 33069		
ARTICLE III PURI	POSE	EVOOVEING	ands
The purpose for which	the corporation is organized is:	exporting	goods
			·
			
 			7.19
			· · · · · · · · · · · · · · · · · · ·
		<u>.</u>	
ARTICLE IV SHAI	RES of stock is: 1 -		
the number of shares o	I Stock is:	.	
	AL OFFICERS AND/OR DIRECT	<u>TORS</u>	
Name and Tit	le: OSCAr USMA - DP	Name and Title	<u> </u>
Address	3080 N (OURSE DY	Address:	
	APT 103		
	Pompano beach	FL 33069	
Name and Titl	e: MONICA A STUDIET	- NOP Name and Title	v
Address	3080 N COURSE DI		·
Addicas	Apt 102	rudicss.	
	Pompano Beach F	 Pc 330691	
	10.11		
Name and Titl	e:	Name and Title	2022
Address		Address:	
			P 11
			œ 🕽
			39

Name and Title:	Name and Title:
Address	Address:
<u> ARTICLE VI</u> REGISTERED AGENT	
The name and Florida street address (P.O. Box	(NOT acceptable) of the registered agent is:
Name: OS CAY USING	
Address: 3080 N (OUY St	e Dr. APH 102
Pampaino beac	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: OS(Or USMC	<u></u>
Address: 3080 N COUNT	Dr. APT 102
pompano ba	133069
ARTICLE VIII EFFECTIVE DATE:	(OPTIONAL)
	e specific and cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not the document's effective date on the Department	t meet the applicable statutory filing requirements, this date will not be listed as nt of State's records.
	ot service of process for the above stated corporation at the place designated in this pointment as registered agent and agree to act in this capacity
Maria Linia	07/10/22
Hauwelisten Required Signature/R	Registered Agent Date
I submit this document and affirm that the fac	cts stated herein are true. I am aware that the false information submitted in a s a third degree felony as provided for in s.817.155, F.S.
Marine Ushe	07/10/22
Required Signature/Incorporator	Date

