

P22000076763

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 : ARES & COMPANY, C.P.A., P.A.
Account Number : I20000000268
Phone : (305)229-8256
Fax Number : (305)229-8252

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

Email Address: Info@usescpa.com

2022 OCT -5 AM 12:33

FLORIDA PROFIT/NON PROFIT CORPORATION
OMEGA FREIGHT INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2022 OCT -5 PM 1:41

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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: OMEGA FREIGHT 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

ADDITIONAL COPY REQUIRED

FROM: ARES & COMPANY CPA
Name (Printed or typed)
3636 SW 87 AVE
Address
MIAMI, FL 33165
City, State & Zip
305-229-8256
Daytime Telephone number
INFO@ARESCPA.COM
E-mail address: (to be used for future annual report notification)

FILED OCT - 5 AM 12:33

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

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

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ARTICLE I NAME

The name of the corporation shall be: OMEGA FREIGHT INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1118 EMILY ST E

LEHIGH ACRES, FL 33074

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

PRESIDENT

Name and Title: ABIGAIL MARIE GARCIA-DAVILA,

Name and Title: _____

Address 1118 EMILY ST E

Address: _____

LEHIGH ACRES, FL 33974

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: ABIGAIL MARIE GARCIA-DAVILLA
Address: 1118 EMILY ST E
LEHIGH ACRES, FL 33974

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ABIGAIL MARIE GARCIA-DAVILLA
Address: 1118 EMILY ST E
LEHIGH ACRES, FL 33974

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/05/2022 (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
10/05/2022
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
10/05/2022
Date

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