

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

1 00001543451 -07/21/95--01071--012 ****122.50 ****122.50

SUBJECT:	OMSATRAM, INC.			
<u> </u>	(proposed corporate name)			
Enclosed is an or for \$ 122.50	iginal and one (1) copy of the articles of incorporation and our check			
FROM:	SANDRA HIMBER CPA Name (printed or typed) 612 OLEANDER WAY SOUTH			
	Address ST PETERSBURG FL 33707 City, State, & Zip (813) 345-4639			
	Telephone Number			

Note: Please provide the original and one copy of the Articles.

ARTICLES OF INCORPORATION

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OMSAIRAM, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Fiorida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

OMSAIRAM, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

100 CORANADO DRIVE CLEARWATER BEACH FL 34630

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 SHARES COMMON

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

KANCHAN SHEWA 55 GARDENIA STREET CLEARWATER FL 34630

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

KANCHAN SHEWA 55 GARDENTA STREET CLEARWATER FL 34630

SANDRA HIMBER 612 OLEANDER WAY SOUTH ST PETERSBURG FL 33707

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1.	The name of the corporation is:	OMSATRAM, INC.	
2.	The name and address of the regis	stered agent and office is	s:
		KANCHAN SHEWA	•
	(NAMI	E)	
		55 GARDENIA STRE	ET
	(P.O. BOX <u>NO</u> 1	(ACCEPTABLE)	
		CLEARWATER FL	34630
	(CITY/ST	FATE/ZIP)	,
PR TH AN PR FO	AVING BEEN NAMED AS REGIST COCESS FOR THE ABOVE STATED IIS CERTIFICATE, I HEREBY ACCE ID AGREE TO ACT IN THIS CAPAC COVISIONS OF ALL STATUTES REI PRMANCE OF MY DUTIES, AND I DNS OF MY POSITION AS REGISTE	CORPORATION AT TH PT THE APPOINTMENT CITY. I FURTHER AGRE LATING TO THE PROPI AM FAMILIAR WITH AN	E PLACE DESIGNATED II AS REGISTERED AGEN E TO COMPLY WITH TH R AND COMPLETE PER
		SIGNATURE	KM 8hwa a