

97000027624

TRANSMITTAL LETTER

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

900002122219--6
-03/24/97-01164-002
*****78.75 *****78.75

SUBJECT: Omni Associates, Inc.

(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: THOMAS C. FRISBIE
Name (Printed or typed)

1648 SPRING RIDGE CR
Address

WINTER GARDEN, FL 34787
City, State & Zip

(407) 656-5958
Daytime Telephone number

97000027624, FL 1:15
12/24/97

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

CF 3/27/97

ARTICLES OF INCORPORATION

FILED
... SECRETARY OF STATE
... BY CORPORATIONS

97 MAR 24 PM 1:15

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

ARTICLE I NAME

The name of the corporation shall be:

OMNI ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

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

1648 SPRING RIDGE CR.
WINTER GARDEN, FL 34787

ARTICLE III SHARES

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

1000 SHARES OF NO PAR VALUE FOR EACH SHARE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

THOMAS C. FRISBIE
1648 SPRING RIDGE CR.
WINTER GARDEN, FL 34787

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

THOMAS C. FRISBIE
1648 SPRING RIDGE CR
WINTER GARDEN, FL 34787

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

21ST day of MARCH, 19 97.

(An additional article must be added if an effective date is requested.)

Thomas C. Frisbie
Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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 Omni Associates, Inc.

2. The name and address of the registered agent and office is:

Thomas C. Frisbie
(NAME)

1648 Spring Ridge Cr.
(P. O. Box or Mail Drop Box NOT ACCEPTABLE)

Winter Garden, FL 34787
(CITY/STATE/ZIP)

9744R26 P11:15
DIVISION OF CORPORATIONS

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Thomas C. Frisbie
(SIGNATURE)

3-21-97
(DATE)