

P98000052231

May 27, 1998

Transmittal Letter

Department of State
Division of Corporation
P. O. Box 6327
Tallahassee, Florida 32314

800002540838--8
-05/29/98--01059--014
****122.50 ****122.50

SUBJECT: ^{ELITE} OMNI^A INSURANCE AGENCY, INC.

I enclose an original and one copy of the Articles of Incorporation for the above corporation and a check in the above corporation and a check in the amount of \$122.50.

Thank You

Daniel C. Eng
Daniel C. Eng

From: Daniel C. Eng
4705 SW 90 AVE
Miami, Florida 33165
(305) 225-2199

cellular (305) 331-5271
pager (305) 770-7899
Daniel Eng.

FILED
98 JUN 10 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TA-6/11/98

W98-12560



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 2, 1998

OMNI INSURANCE, INC.
4705 SW 90TH AVE
MIAMI, FL 33165

We have received your document for OMNI INSURANCE, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please return the original and one copy of 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) 487-6926.

Tracy Augsburger
Document Specialist

Letter Number: 398A00031107

ARTICLES OF INCORPORATION
OF
OMNI ELITE INSURANCE AGENCY, INC.

FILED
98 JUN 10 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

OMNI ELITE INSURANCE AGENCY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal address of the principal office of the Corporation shall be:

4705 S.W. 90 AVE
MIAMI, FLORIDA 33165

ARTICLE III EXISTENCE

The existence of the corporation shall begin on:

THE DATE OF FILING OF THESE ARTICLES OF INCORPORATION

ARTICLE IV SHARES

The number of shares of stock that this corporation is authorized to issue is:

TWO THOUSAND (2000) SHARES OF COMMON STOCKS IN WHICH
THE HOLDERS THEREOF SHALL BE ENTITLED TO ONE VOTE FOR
EACH SHARE OF COMMON STOCK

ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

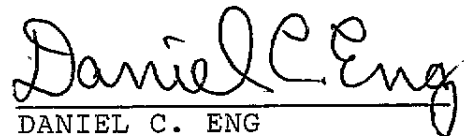
DANIEL C. ENG
4705 S.W. 90 AVE
MIAMI, FLORIDA 33165

ARTICLE VI INCORPORATORS

The names and street addresses of the incorporators to these Articles Of Incorporation are:

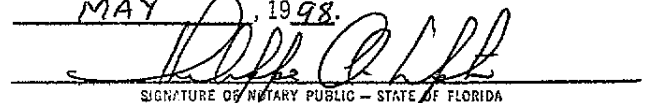
DANIEL C. ENG
4705 S.W. 90 AVE
MIAMI, FLORIDA 33165

The undersigned incorporators have executed these Articles of Incorporation this 27th day of May, 1998.


DANIEL C. ENG

STATE OF FLORIDA
COUNTY OF DADE

Sworn to and subscribed before me this 27 day of
MAY, 1998.


SIGNATURE OF NOTARY PUBLIC - STATE OF FLORIDA

PHILIPPE A. NEDTUNE
PRINT, TYPE OR STAMP COMMISSIONED NAME OF NOTARY PUBLIC

☐ Personally known OR
☒ Produced identification FLORIDA DRIVER License
TYPE OF IDENTIFICATION PRODUCED
E520-163-58-342

CERTIFICATE OF DESIGNATION

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 AGENT/REGISTERED OFFICE, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

OMNI ELITE INSURANCE AGENCY, INC.

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

DANIEL C. ENG
4705 S.W. 90 AVE
MIAMI, FLORIDA 33165

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.

FILED
98 JUN 10 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Daniel C. Eng
DANIEL C. ENG

STATE OF FLORIDA
COUNTY OF DADE

Sworn to and subscribed before me this 27 day of

MAY, 19 98.

[Signature]
SIGNATURE OF NOTARY PUBLIC - STATE OF FLORIDA

PHILIPPE A NEPTUNE
PRINT, TYPE OR STAMP COMMISSIONED NAME OF NOTARY PUBLIC

☐ Personally known OR

☒ Produced identification

FLORIDA Driver License
OF IDENTIFICATION PRODUCED

E520-163-58-342-0