TRANSMITTAL LETTER

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

400002861894

(Proposed corporate name - must include suffix)

Encl	osed	is an	original	and one(1)	сору	of the	articles	of incor	poration	and a	check	for
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፟\$70.00

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

□\$78.75

\$87.50

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate of

Status 📃

ADDITIONAL COPY REQUIRED

FROM:	Anna	Jan	Name (Printed or typed)	
	0 ^ 1	ζ_i	100	-

904-273-0027 Daytime Telephone number

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

B. BROOK MAY 1 4 1999 1000 108 24

ARTICLES OF INCORPORATION

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

SECRETARY OF STATE ALLAHASSEE FLORIDA

The name of the corporation shall be:

Omega Tech, Inc.

PRINCIPAL OFFICE

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

1 Barracuda PL

Ponte Vedra Bch, FL 32082,

/ P.O. Box 189

<u>ARTICLE III</u>

Ponte Vedra Bch, FL 32004-0189

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

1,000,000

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Horace C Daughtrey

1 Barracuda PL

Ponte Vedra Beh FL, 32082

ARTICLE V **INCORPORATOR** The name and address of the incorporator to these Articles of Incorporation are:

Horace C Daughtrey

1 Barracada PL Ponte Vedra Bch FL 32082

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

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 degistered agent

Signature/Registered Age