TRANSMITTAL LETTER

P99000102066

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

SUBJECT:		(Pro	EN TE	RPRISES rate name - must include s	INC.	·	er se	
Enclosed is an	original a	nd one(1) copy o	f the article	s of incorporation and a	5000030 -11/22/1 ******70 check for :	1517 39010 3.75 *	66 -0 990	2 °)23 78.75
	\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Co & Certificat Status OPY REQUIRE	te of			
FR	юм: _(DSIEF!		ANDURSO inted or typed)	W	· . ,		<u></u>
	_	3839	514/	AMROCK (WEST	SECRETAL TALLAHASS	99 NOV 22	
TALLAHASSEE FIA. 30308 FINE BEEN STATE OF THE STATE OF TH								
850-561-9-561 Daytime Telephone number								

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

ARTICLES OF INCORPORATION

The name of the corporation shall be:

ARTICLE I

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

O & M Enterprise	S INC
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this	corporation shall be:
3839 SHAMROCK U	DEST TALLAHASSEE FL 32308
ARTICLE III SHARES The number of shares of stock that this corporation is authorized that the corporation is authorized to the stock of the stock o	
1000 SHARES CO	
ARTICLE IV INITIAL REGISTERED AGEN The name and Florida street address of the initial registered RAMES DENNARD RAMES ARTICLE V INCORPORATOR	TAND STREET ADDRESS lagent are: HAVANA, FIZINA 3233
The <u>name and address</u> of the incorporator to these Article 3839 SHAMROCK WEST	s of Incorporation are:
TALCAHASSER, 32308 Diefellendern Signature/Incorporator	APPROVED SECRETARY OF SEAL PLORID Date APPROVED APPROVED SECRETARY OF SEAL PLORID
(An additional article must be added	
Having been named as registered agent and to accept service of procescertificate, I hereby accept the appointment as registered agent and a provisions of all statutes relating to the proper and complete perfoobligations of my position as registered agent Signature/Registered Agent	gree to act in this capacity. I further agree to comply with the
(/ Magnature register ou Agent	Date