

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

S. CHATHAM

JAN 25 2023

From:

Account Name : ULLOA & COMPANY PROFESSIONAL ASSOCIATION
Account Number : I20190000086
Phone : (305)275-1300
Fax Number : (305)275-1301

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: alfaro.carbonel014@yahoo.es

FLORIDA PROFIT/NON PROFIT CORPORATION

AC Omega Multiservices Inc

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

RECEIVED

2025 JAN 23 AM 10:12

CORPORATION

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: **AC Omega Multiservices Inc**

ARTICLE II PRINCIPAL OFFICE

Principal **street** address is: **13001 SW 44th St**
MIAMI, FL 33175

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Orlando Alfaro Mendoza, President**

Address: **13001 SW 44th St, Miami FL 33175**

Name and Title: **Milene Carbonell Fernandez, VP**

Address: **13001 SW 44th St, Miami FL 33175**

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SECRETARY
FIDELITY

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ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Orlando Alfaro Mendoza,

13001 SW 44th St, Miami FL 33175

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is

Ulloa and Company Professional Association

14050 SW 84th Street, Suite 204, Miami, FL 33183

ARTICLE VIII EFFECTIVE DATE

Effective date, if other than the date of filing: 01/22/2025

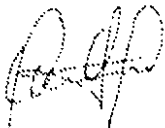
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Orlando Alfaro

Required Signature/ Registered Agent

01/22/2025

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/ Incorporator

01/22/2025

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SECRET
TAMPA, FL 33602