

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To: Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
O M CENTER SERVICES CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2025 JAN 28 PM 3:34

RECEIVED

2025 JAN 28 PM 4:46

Electronic Filing Menu Corporate Filing Menu Help

FE P

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

OM CENTER SERVICES CORP

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

8205 Belvedere RD APT 204
West Palm Beach FL 33411

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Arbel Mosqueda Ramirez (P)

2014 JAN 28 PM 4:46

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Arbel Mosqueda Ramirez
8205 Belvedere RD APT 204
West Palm Beach FL 33411

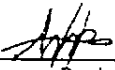
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Arbel Mosqueda Ramirez
8205 Belvedere RD APT 204
West Palm Beach FL 33411

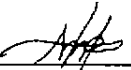
EIN: 33-3082955

Required Signatures:

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

 _____ Registered Agent	_____ Date
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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.

 _____ Incorporator	_____ Date
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 DEPT.
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