

B13000000214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

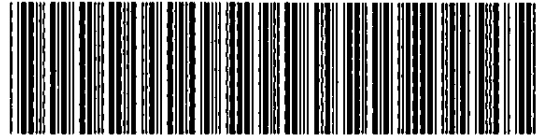
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 JUL 19 AM 10:50

ADULTS ONLY

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2013 JUL 19 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 23 2013

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DEPARTMENT OF STATE
13 JUL 22 PM 4:16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 22, 2013

CSC
SUSIE KNIGHT
TALLAHASSEE, FL

SUBJECT: OMNINET VILLAGE, LP
Ref. Number: W13000041006

RESUBMIT

Please give original
submission date as file date.

We have received your document for OMNINET VILLAGE, LP and the authorization to debit your account in the amount of \$1000.00. However, the document has not been filed and is being returned for the following:

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return 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) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 313A00017660

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 723085 7361206

AUTHORIZATION :

COST LIMIT : \$ 1000.00

ORDER DATE : July 11, 2013

ORDER TIME : 9:05 AM

ORDER NO. : 723085-020

CUSTOMER NO: 7361206

FOREIGN FILINGS

NAME: OMNINET VILLAGE, LP

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: _____

2013 JUL 19 PM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. OMNINET VILLAGE, LP

(Name of limited partnership as it is in the home state)

2. _____

(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. DELAWARE

(State of Formation)

4. 07/11/2013

(Date of Formation)

5. Corporation Service Company

(Name of Registered Agent for Service of Process)

6. 1201 Hays Street

(Street Address of Registered Office)

Tallahassee

(City)

Florida 32301

(Zip Code)

7. Acceptance by the Registered Agent for Service of Process:



(Agent must sign on this line)

Sue G. Knight
Assistant Vice President

8. 9420 WILSHIRE BLVD FOURTH FL, BEVERLY HILLS, CA 90212

(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

OMNINET VILLAGE GP, LLC 9420 Wilshire Blvd Fourth Floor, Beverly Hills, CA 90212

M13-4553

10. 9420 Wilshire Blvd Fourth Floor, Beverly Hills, CA 90212

(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12. 9420 Wilshire Blvd Fourth Floor, Beverly Hills, CA 90212

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 11th day of July, 2013.

[Signature]
General Partner
STATE OF California

COUNTY OF Los Angeles

On this 11th day of July, 2013.

Benjamin Nazarian, personally appeared before me,

☐ who is personally known to me

☒ whose identity I proved on the basis of a California Drivers License

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 JUL 19 AM 9:40

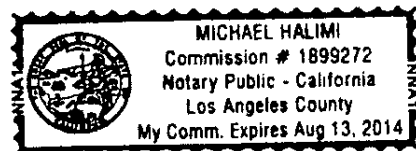
FILED

[Signature]
(Notary Public Signature)

Michael Halimi
(Notary's Printed Name)

Seal

My Commission Expires: 8/13/2014



Delaware

PAGE 1

The First State

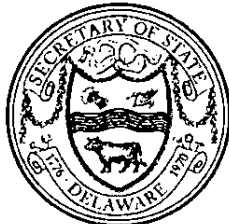
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OMNINET VILLAGE, LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF JULY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OMNINET VILLAGE, LP" WAS FORMED ON THE ELEVENTH DAY OF JULY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5365321 8300

130875333



You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0583284

DATE: 07-15-13