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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*mrs  
8/11*

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** OMNI MOTION, INC  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

TED BERMAN  
Name of Person

OMNI MOTION, INC  
Firm/Company

19167 Hwy 18 Suite 6  
Address

APPLE VALLEY CA 92307  
City/State and Zip code

CONTACT@OMNIMOTION.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TED BERMAN at (760) 242-6452  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. OMNI MOTION, INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. CALIFORNIA (State or country under the law of which it is incorporated) 3. 33-0479985 (FEI number, if applicable)

4. 09/16/1991 (Date of incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")

6. NO BUSINESS TRANSACTED YET (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 19167 HWY 18 SUITE 6 APPLE VALLEY CA 92307 (Principal office address)

(SAME) (Current mailing address)

8. RENTAL AND SALES OF ORTHOPEDIC Durable MEDICAL EQUIPMENT (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Nicole Protonotariou

Office Address: 78 Sorrel Street

Middleburg, FL. Florida 32068 (City) (Zip code)

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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Nicole Protonotariou (Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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A. DIRECTORS

Chairman: TED BERMAN 09 AUG 10 AM 11:37

Address: 16326 RANLHERIAS Rd.  
APPLE VALLEY CA 92307 SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Vice Chairman: DEANNA BERMAN

Address: 16326 RANLHERIAS Rd.  
APPLE VALLEY CA 92307

Director: PHILIP KIPUNBER

Address: 19459 SHASTA Rd.  
APPLE VALLEY CA 92307

Director: LISA KENNEDY

Address: 9726 BUENA VISTA Rd.  
APPLE VALLEY, CA 92308

B. OFFICERS

President: TED BERMAN

Address: 16326 RANLHERIAS Rd.  
APPLE VALLEY, CA 92307

Vice President: DEANNA BERMAN

Address: 16326 RANLHERIAS Rd.  
APPLE VALLEY CA 92307

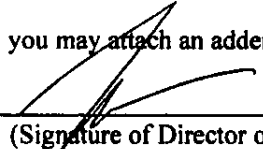
Secretary: TED BERMAN

Address: 16326 RANLHERIAS Rd. APPLE VALLEY CA 92307

Treasurer: KAREN KIPUNBER

Address: 19459 SHASTA Rd. APPLE VALLEY CA 92307

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. TED BERMAN PRESIDENT/DIRECTOR  
(Typed or printed name and capacity of person signing application)

**State of California  
Secretary of State**

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CERTIFICATE OF STATUS

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ENTITY NAME:

OMNI MOTION, INC.

FILE NUMBER: C1694717  
FORMATION DATE: 09/16/1991  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to exercise  
all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of July 28, 2009.

*Debra Bowen*

**DEBRA BOWEN**  
Secretary of State