

MIS 000 00A020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

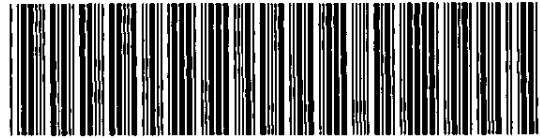
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400271352234

FILED
15 OCT -7 AM 9:48
MICHIGAN

OCT 08 2015
J SHIVERS

Date: 10/07/2015

Account #: I20000000088

Name: Michelle Walker

Reference #: L086370

ENTITY NAME: OMINET OAKWOOD, LLC

Articles of Incorporation/Authorization to Transact Business

Amendment

Annual Report

Change of Agent

Reinstatement

Conversion

Merger

Dissolution/Withdrawal

Fictitious Name

Other: Certified Copy

Authorized Amount: \$ 155

Signature: Michelle Walker

Date: 10/07/2015

Account #: I20000000088

Name: Michelle Walker

Reference #: L086370

ENTITY NAME: OMINET OAKWOOD, LLC

Articles of Incorporation/Authorization to Transact Business

Amendment

Annual Report

Change of Agent

Reinstatement

Conversion

Merger

Dissolution/Withdrawal

Fictitious Name

Other: Certified Copy

Authorized Amount: \$ 155

Signature: Michelle Walker

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OMNINET OAKWOOD, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Warren J. Kessler
Name of Person
Kessler & Kessler, A Law Corporation
Firm/Company
1880 Century Park East, Suite 1402
Address
Los Angeles, CA 90067
City/State and Zip Code
skessler@kesslerandkessler.com
E-mail address: (to be used for future annual report notification)

15 OCT - 7 AM 9:48
10/15/07 10:14 AM
10/15/07 10:14 AM

For further information concerning this matter, please call:

Warren J. Kessler at (310) 552-9800
Name of Contact Person Area Code Daytime Telephone Number

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

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. OMNINET OAKWOOD, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1055 Wilshire Boulevard, Suite 1055
Los Angeles, CA 90017
(Street Address of Principal Office)

6. 9420 Wilshire Boulevard, 4th Floor
Beverly Hills, CA 90212
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: National Corporate Research, Ltd., Inc.
Office Address: 115 North Calhoun Street, Suite 4
Tallahassee, Florida 32301
(City) (Zip code)

Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

(Signature) Assistant Secretary
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Mark R. Minsky, Manager
Robert Minsky, Manager
Danielle M. Graf, Manager

RECEIVED
OCT - 7 AM 9:48
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
(Signature) Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.
Danielle M. Graf
Typed or printed name of signee

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OMNINET OAKWOOD, LLC" 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 SECOND DAY OF OCTOBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OMNINET OAKWOOD, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF SEPTEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

15 OCT -7 AM 9:48
SECRETARY OF STATE
DELAWARE




Jeffrey W. Bullock, Secretary of State

5837103 8300

SR# 20150363458

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

Authentication: 10173303

Date: 10-02-15