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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES
SEP 29 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Omega Marketing Capital, L.L.L.P.
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Thomas Eugene

Contact Person

Omega Marketing Capital, L.L.L.P.

Firm/Company

2295 South Hiawasse Road, Suite 201 B-2

Address

Orlando, Florida 32835

City, State and Zip Code

theug4@earthlink.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Eugene

Name of Contact Person

at (407) 754-7717

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$1,000.00 Filing Fees ☐ \$1,008.75 Filing Fees ☐ \$1,052.50 Filing Fees ☐ \$1,061.25 Filing Fees,
(\$965 Filing Fee and and Certificate of and Certified Copy Certified Copy, and
\$35 Registered Agent Status and Certificate of Status
Fee)

STREET ADDRESS:

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

MAILING ADDRESS:

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

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

FILED
10 SEP 28 AM 9:11
TALLAHASSEE FLORIDA

1. Omega Marketing Capital, L.L.L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.

2. 2295 South Hiawassee Road Suite 201 B-2

(Street address of initial designated office)

Orlando, Florida 32835

3. Thomas Eugene

(Name of Registered Agent for Service of Process)

4. 391 Kantor Blvd.

(Florida street address for Registered Agent)

Casselberry, Florida 32707

5. *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 of Registered Agent

6. 2295 South Hiawassee Road, Suite 201 B-2

(Mailing address of initial designated office)

Orlando, Florida 32835

7. If limited partnership elects to be a limited liability limited partnership, check box ☒

8. Name and business address of each general partner:

Name:

Business Address:

Justley Ridore

2295 South Hiawasse Road, Suite 201 B

Orlando, Florida 32835

Ronald Jean-Baptiste

2295 South Hiawasse Road, Suite 201 F

Orlando, Florida 32835

Thomas Eugene

2295 South Hiawasse Road, Suite 201 B

Orlando, Florida 32835

Anita Burroughs

2295 South Hiawasse Road, Suite 201 B-2

Orlando, Florida 32835

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TALLAHASSEE, FLORIDA

9. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 27th day of September, 2010.

Signature of each general partner:

Justley Ridore
Ronald Jean-Baptiste
Thomas Eugene

Anita Burroughs

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75