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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

FO-227-04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Omni ALLIANCE Group, 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:

Wendy Cassese

(Name of Person)

Omni Alliance Group, Inc.

(Firm/Company)

195 Wekiwa Springs Rd - Suite 340

(Address)

Longwood, Florida 32779

(City/State and Zip code)

For further information concerning this matter, please call:

Wendy Cassese at 407-671-6664
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

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

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TALLAHASSEE, FLORIDA

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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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 9, 2004

WENDY CASSESE
OMNI ALLIANCE GROUP, INC.
195 WEKIVA SPRINGS RD, STE 340
LONGWOOD, FL 32779

SUBJECT: OMNI ALLIANCE GROUP, INC.
Ref. Number: W04000026242

We have received your document for OMNI ALLIANCE GROUP, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence from the same office that provided you with the certified copy.

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) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 904A00044099

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TALLAHASSEE, FLORIDA

**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 Alliance Group Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- Omni Alliance Group Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. LOUISIANA 3. 62-1719225
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 6/5/1978 5. _____
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 398 TEC Street Hicksville, NY 11801
(Principal office address) SE
195 Wekiwa Springs Rd (346) Longwood, Fla 32779
(Current mailing address)
8. Sales & marketing office for parent co.
(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: Scott W. Spor
- Office Address: 1145 GALAHAD Drive
Casselberry, Florida 32707
(City) (Zip code)

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.

Scott W. Spor
(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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TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Scott W. SPOR

Address: 1145 GALAHAD Drive
Casselberry, FL. 32707

Vice President: _____

Address: _____

Secretary: Wendy A. Cassese

Address: 1832 Shelby TERR Deltona, FL. 32725

Treasurer: _____

Address: _____

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TALLAHASSEE
FLORIDA

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

13. Scott W. SPOR - President.
(Signature of Director or Officer listed in number 12 of the application)

14. Scott W. SPOR - President
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA
State of Louisiana

Jox McKeithen

SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that
the Articles of Incorporation of

OMNI ALLIANCE GROUP, INC.

Domiciled at DEVILLE, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation
was issued on June 05, 1978,

I further certify that no Certificate of Dissolution has
been issued.

*In testimony whereof, I have hereunto set
my hand and caused the Seal of my Office
to be affixed at the City of Baton Rouge on,
July 16, 2004*

Jox McKeithen
ABA 32229740D

Secretary of State

