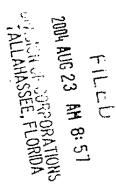
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	→ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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104-30857 LEMMAN AUG 122004

Omni Alliance Group, Inc.

Mark Section of the State of th

August 2, 2004

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Document

#F04000004264

Corporation Name:

Omni Alliance Group

To Whom It May Concern:

By way of this letter we are requesting two different transactions by the State of Florida for our corporation.

First, please withdrawal Omni Alliance Group – Incorporated under the laws of Louisiana, as a foreign corporation transacting business affairs in Florida. The application and the required fees are enclosed.

Second, please register Omni Alliance Group, a Nevada Corporation, Incorporated under the laws of Nevada as a foreign profit corporation to transact business in Florida. The application and required fees are enclosed.

If you have concerns, or require additional information, please do not hesitate to contact me.

Sincerely,

Michele T. Spor

-		
TRANSMITTAL LETTER		
TO: Registration Section Division of Corporations		
SUBJECT: amni ALLIANCE GROUP, INCOMO		
(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)		
CIMNI FILLIANCE GROUP, FIVE. (Firm/Company)		
195 WEKIVA Springs Rd, Suite 340		
(Address)		
LONGWOOD, FL 33701		
(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: MAILING ADDRESS: Registration Section Registration Section		
Division of Corporations Division of Corporations		
409 E. Gaines St. P.O. Box 6327 Tallahassee, FL 32399 Tallahassee, FL 32314		
Enclosed is a check for the following amount:		
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy		



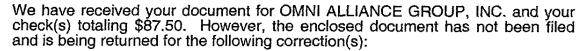
FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 12, 2004

MICHELE T. SPOR OMNI ALLIANCE GROUP, INC. 195 WEKIVA SPRINGS ROAD, STE. 340 LONGWOOD, FL 32779

SUBJECT: OMNI ALLIANCE GROUP, INC.

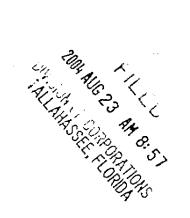
Ref. Number: W04000030857



The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

A brief description of the entity's nature of business must be included in the document.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.



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 FLORIDARY
(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. NEVADA (State or country under the law of which it is incorporated) (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 7-21-04 Leroetual (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. TUNE 28, 2004
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
1. 195 WEKINA SPRINGS Kd, St. 340
(Principal office address)
LONGWOOD, FL 33707 (Current mailing address)
8. Holding Company ((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: 195 WEKINA Speines Rd., St 340
LONGWOOD, Florida Fr. 32779
(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.
(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:

3

A. DIRECTORS Chairman: Scott W. Spore
,
Address: 1145 Galahad DR.
CASSELBERRY, FL 32707
Vice Chairman: BEIAN CURTIN
Address: 17 HEIdleburg Lane
BERNVILLE, PA 19506
Director: WENDY A. CASSESE - Screetary TREASURER
Address: 1832 Shelby TERRACE
DettonA, FL 32725
Director:
Address:
B. OFFICERS
President:
Address:
Vice President:
Address:
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Vench a Cassese
13. ————————————————————————————————————
14(Typed or printed name and capacity of person signing application)
(Typed or printed name and capacity of person signing application)



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **OMNI ALLIANCE GROUP, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 21, 2004, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand And affixed the Great Seal of State, at my office, in Carson City, Nevada, on. August 10, 2004

> ___Dean Heller Secretary of State

Certification Clerk