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COVER LETTER

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TO: New Filing Section Division of Corporations

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

SUBJECT:	Omni	Consulting	Services,	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:

Thomas W. Daniel, III			
(Name of Person)			
Omni Consulting Services, Inc.			
(Firm/Company)			
665 Highway 74 South, Suite 125			
(Address)			
Peachtree City, GA 30269			
(City/State and Zip code)			
For further information concerning this matter, please call:			
Thomas W. Daniel, III at (770) 630-3047			
(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	ic	a check	for the	following	amount
Eliciosea	15	a check	TOT LITE	2 IOHOWINE	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



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06 MAY 15 AM 9: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 24, 2006

THOMAS W. DANIEL, III 665 HIGHWAY 74 SOUTH SUITE 125 PEACHTREE CITY, GA 30269

SUBJECT: OMNI CONSULTING SERVICES, INC.

Ref. Number: W06000019126

We have received your document for OMNI CONSULTING SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of 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) 245-6973.

Claretha Golden
Document Specialist
New Filing Section

Letter Number: 306A00027912

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 Co	onsulting Services, Inc.	,	-
(Enter name of c	corporation; must include "INCORPORATED	o," "COMPANY," "CORPORATION,"	
"Inc.," "Co.," "C	Corp," "Inc," "Co," or "Corp.")		
Omni Co	onsulting Services SE, Ir	nc	
	able in Florida, enter alternate corporate nam-		usiness in Florida)
₂ Georgia	•	58-2521675	·
	under the law of which it is incorporated)	(FEI number, if applica	ble)
February	y 10, 2000 ₅	Perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to ex	ist or "perpetual")
6			
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
- 665 High	way 74 South, Suite 12	• • • • • • • • • • • • • • • • • • • •	30269
7. 000 Tilgii	(Principal office ad	· · · · · · · · · · · · · · · · · · ·	00200
P. O. Bo	x 2010, Peachtree City,	·	
	(Current mailing ad		
	ineering and Surveying		
	s) of corporation authorized in home state or o	•	NAT SE OG
9. Name and stres	et address of Florida registered agent: (P.	- ,	CRE -
Name:	Capitol Corporate Serv	rices, Inc.	
Office Address:	1333 North Duval Stree	<u>et</u> .	SEE TO
	Tallahassee	, Florida 32303 (Zip code)	
	(City)	(Zip code)	
10. Registered as	gent's acceptance:		20 Z
	ed as registered agent and to accept serv	ice of process for the above stated co	rporation at the place

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.

Olani Case, asst. sec.

^{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:	
A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	-
Address:	SI SI
	CRE N
Director:	ASS
Address:	THE THE
Auditoss.	TORII TATA
	- 20 - 20
B. OFFICERS President: Thomas W. Daniel, III	
Peachtree City, GA 30269	
Vice President:	
Address:	
Secretary: W. S. Bodkin	
Address: 665 Highway 74 South, Suite 125, Peachtree City	, GA 30269
Treasurer:	<u> </u>
Address:	*****
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)	
Thomas W. Daniel, III - CEO (Typed or printed name and capacity of person signing application)	
(Typed of printed name and capacity of person signing application)	

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

OMNI CONSULTING SERVICES, INC. TOM DANIEL 665 HIGHWAY 74 SOUTH SUITE 125 PEACHTREE CITY, GA 30269

CONTROL NUMBER : 0007173 DATE INC/AUTH/FILED: 02/10/2000 : GEORGIA JURISDICTION PRINT DATE : 04/03/2006 FORM NUMBER : 211

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of Georgia, do hereby certif under the seal of my office that tut date.

CONSULTING SERVICES

is in compliance with gistration provision of Title 14 of the Official Code of Georgia

ed above: Said entity was f was authorized to ind has not filed articles o transact business in Georgia lon dissolution, certificate of cance Office of the Secretary

ce of the above-named entity whether or not a notice of a statement of commencement of the commencement of This certificate felates only as of the print date above. to the? t does application intent to dissolve, has of winding up or any the Secretary of State

This information and issued certified accordance with the Georgia Electronic Records and Signatures Act and Title 1 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

200604031904163231



Secretary of State