F07000004873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. McKnight OCT 02 2007

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: OMNI OSS 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:

Steven Lee Hocke
(Name of Person)

OMNI OSS INC
(Firm/Company)

8362 pines BLVD Suite 295
(Address)

Pembroke pines, FL 33024
(City/State and Zip code)

For further information concerning this matter, please call:

Steven Lee Hocke at (954) 558 3433 cell.
(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 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

EMAIL- SHocke at OMNIOSS.com.

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 OSS INC.
(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. DELAWARE (State or country under the law of which it is incorporated)

3. 81-0577291 (FEI number, if applicable)

4. 08-02-2002 (Date of incorporation)

5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")

6. (Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 8362 PINES BLVD Suite 295
PEMBROKE PINES FL 33024 (Principal office address)
SAME
(Current mailing address)

8. BANKING
(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: Steven Lee Hoehe

Office Address: 8362 PINES BLVD Suite 295

PEMBROKE PINES (City), Florida 33024 (Zip code)

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TALLAHASSEE, FLORIDA

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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.

Steven Lee Hoehe
(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: _____

Address: _____

_____

Vice Chairman: _____

Address: _____

_____

Director: Michael Lates

Address: 15032 Hugh McAuley DR.
Huntersville, NC 28078

Director: Steven Lee Hocke

Address: 7511 NW 1st court
pembroke pines, FL 33024

B. OFFICERS

President: JAMES BLAKE

Address: 43 MAIN STREET
Schenevus NY 12155

Vice President: _____

Address: _____

_____

Secretary: MARK CLAASEN

Address: PO BOX 12565 SANDIEGO, CA 92112

Treasurer: _____

Address: _____

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

13. Steven Lee Hocke
(Signature of Director or Officer listed in number 12 of the application)

14. STEVEN LEE HOCKE DIRECTOR.
(Typed or printed name and capacity of person signing application)

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OMNIOSS INC" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF SEPTEMBER, A.D. 2007.

APPROVED AND FILED
07 OCT -1 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3553714 8300

070958737

SECRETARY'S OFFICE 1787 DELAWARE 1897

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5989425

DATE: 09-11-07