

F10 000000 418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400148820434

01/26/10--01005--008 **70.00

RECEIVED
10 JAN -5 PM 4:02
DIVISION OF CORPORATION
2010 JAN 20 P 2:38
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 26 2010
D.A. WHITE

COVER LETTER

FILED

TO: New Filing Section
Division of Corporations

2010 JAN 20 P 2:38

SUBJECT: Omni Elevator Company Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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," or "Certificate of Good Standing" 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:

Ms. Margaret Bess

Name of Person

Omni Elevator Company Inc.

Firm/Company

3722 Ashley Way

Address

Owings Mills, MD 21117

City/State and Zip code

djames@ralibertocpa.com

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

For further information concerning this matter, please call:

Dawn James, CPA

Name of Person

at (410) 931-5010

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

Sent on 1/14/2010



RECEIVED

10 JAN 20 AM 8:08

FLORIDA DEPARTMENT OF STATE

Division of Corporations
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

January 7, 2010

MARGARET BESS
OMNI ELEVATOR CO.
3722 ASHLEY WAY
OWINGS MILLS, MD 21117

SUBJECT: OMNI ELEVATOR COMPANY INC.
Ref. Number: W10000000754

We have received your document for OMNI ELEVATOR COMPANY INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$70.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White
Regulatory Specialist II

Letter Number: 110A00000527

**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.

FILED

1. Omni Elevator Co., INC. 2010 JAN 20 P 2-38
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.") SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Maryland 3. 52-1759294
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01-01-1992 5. PERPETUAL
(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. Omni Elevator Company Inc. 3722 Ashley Way Owings Mills, MD 21117
(Principal office address)
Omni Elevator Company Inc. 3722 Ashley Way Owings Mills, MD 21117
(Current mailing address)

8. Elevator Inspection Services or any lawful business in the state of Florida &/or Maryland
(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: Margaret Bess

Office Address: Castle Gardens Building 12 #400 4751 Northwest 21st Street
Lauderhill, Florida 33313
(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.

Margaret B Bess
(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:

A. DIRECTORS

Chairman: Margaret Bess

Address: 3722 Ashley Way Owings Mills, MD 21117

FILED

2010 JAN 20 P 2:30

Vice Chairman: Herlen Bess

Address: 3722 Ashley Way Owings Mills, MD 21117

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Margaret Bess

Address: 3722 Ashley Way Owings Mills, MD 21117

Vice President: Margaret Bess

Address: 3722 Ashley Way Owings Mills, MD 21117

Secretary: Margaret Bess

Address: 3722 Ashley Way Owings Mills, MD 21117

Treasurer: Margaret Bess

Address: 3722 Ashley Way Owings Mills, MD 21117

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

13. Margaret B. Bess
(Signature of Director or Officer listed in number 12 of the application)

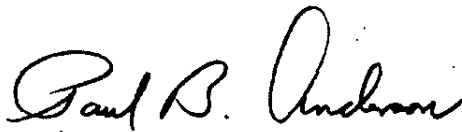
14. Margaret Bess MARGARET B. BESS
(Typed or printed name and capacity of person signing application)

STATE OF MARYLAND
Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

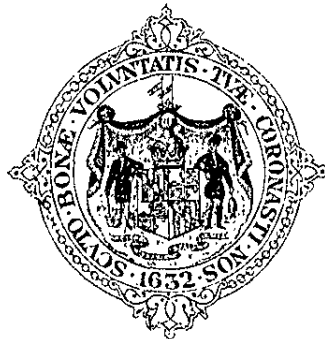
I FURTHER CERTIFY THAT OMNI ELEVATOR CO., INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS DECEMBER 17, 2009.



Paul B. Anderson
Charter Division

FILED
2010 JAN 20 P 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097