

2015
F1500000803
Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000033260 3)))



H150000332603ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : NORTHWEST REGISTERED AGENT LLC
Account Number : I20090000081
Phone : (509)768-2249
Fax Number : (855)330-1010

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: FILINGS@NORTHWESTREGISTEREDAGENT.COM

**FOREIGN PROFIT/NONPROFIT CORPORATION
OMNA INC**

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

MD 2/26



February 9, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

NORTHWEST REGISTERED AGENT LLC

SUBJECT: OMNA FL INC.
REF: W15000009269

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity must be identical throughout the document.

The name on the fax audit sheet must be the same.

If you have any further questions concerning your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

FAX Aud. #: H15000030928
Letter Number: 115A00002622

RECEIVED
15 FEB 25 AM 11:29
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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. OMNA INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ina," "Co.," or "Corp.")

OMNA FL INC.

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

2. WY

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. 02/19/2014

(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. 1400 63rd Ave S, St. Petersburg, FL 33705

(Principal office address)

1400 63rd Ave S, St. Petersburg, FL 33705

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Northwest Registered Agent LLC

Office Address: 3030 N. Rocky Point Dr, STE 150A

Tampa

(City)

, Florida 33607

(Zip code)

9. 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.



TOM GLOVER, MANAGER

(Registered agent's signature)

10. 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.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____
Address: _____

Vice Chairman: _____
Address: _____

Director: Grant Coleman Henderson
Address: 1400 63rd Ave S, St. Petersburg, FL 33705

Director: Carson Henderson
Address: 1400 63rd Ave S, St. Petersburg, FL 33705

B. OFFICERS

President: Carson Henderson
Address: 1400 63rd Ave S, St. Petersburg, FL 33705

Vice President: _____
Address: _____

Secretary: Grant Coleman Henderson
Address: 1400 63rd Ave S, St. Petersburg, FL 33705

Treasurer: Carson Henderson
Address: 1400 63rd Ave S, St. Petersburg, FL 33705

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

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Carson Henderson, PRESIDENT
(Typed or printed name and capacity of person signing application)

STATE OF WYOMING
Office of the Secretary of State

15 FEB 25 AM 11:21
SECRETARY OF STATE
OFFICE OF THE SECRETARY OF STATE

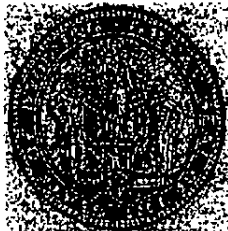
I, EDWARD F. MURRAY, III, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

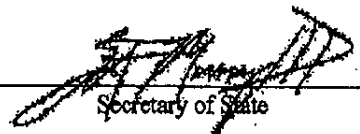
OMNA
is a
Profit Corporation

formed or qualified under the laws of Wyoming did on **February 19, 2014**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2014-000659409**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 2nd day of February, 2015 at 10:17 AM. This certificate is assigned 017123019.



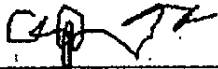

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <http://wyobiz.wy.gov> and following the instructions displayed under Validate Certificate.

FICTITIOUS NAME RESOLUTION

I, Carson Henderson, President and Treasurer of OMNA, a WY corporation, acting on behalf and after a vote of the Board of Directors, authorize use of the fictitious name OMNA FL Inc. for use in the State of Florida.

Dated this 5th day of February, 2015.



Carson Henderson
President of OMNA

15 FEB 25 AM 11:21
RECEIVED
STATE OF FLORIDA