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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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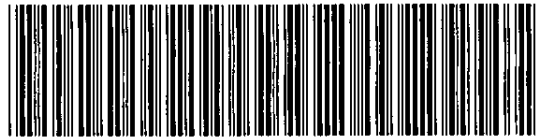
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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2015 NOV 16 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 17 2015
J. HARRIS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 863917 7609383

AUTHORIZATION :

COST LIMIT : \$ 70.00



ORDER DATE : November 6, 2015

ORDER TIME : 10:15 AM

ORDER NO. : 863917-010

CUSTOMER NO: 7609383

FOREIGN FILINGS

NAME: OMNI SHIPPING SERVICE INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: _____

**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 SHIPPING SERVICES INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. DELAWARE 3. 51-0364596
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12-28-1994 5. _____
(Date of incorporation) (Date of duration, if other than 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. 1703 N. TAMPA ST., SUITE 11, TAMPA, FLORIDA 33602
(Principal office address)
- _____
(Current mailing address, if different)

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

Name: _____
Office Address: 1703 N. TAMPA ST., SUITE 11
TAMPA, Florida 33602
(City) (Zip code)

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TALLAHASSEE FLORIDA

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.

Lawrence DePace

By: _____

(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: LAWRENCE DEPACE

Address: 1703 N. TAMPA ST., SUITE 11, TAMPA, FLORIDA 33602

DIRECTOR: ROB VAN STEENSEL

ADDRESS: 1703 N. TAMPA ST., SUITE 11, TAMPA, FLORIDA 33602

DIRECTOR: OLE JENSEN

ADDRESS: 1703 N. TAMPA ST., SUITE 11, TAMPA, FLORIDA 33602

B. OFFICERS

President: LAWRENCE DEPACE

Address: 1703 N. TAMPA ST., SUITE 11, TAMPA, FLORIDA 33602

Vice President: ROB VAN STEENSEL

Address: 1703 N. TAMPA ST., SUITE 11, TAMPA, FLORIDA 33602

Secretary: OLE JENSEN

Address: 1703 N. TAMPA ST., SUITE 11, TAMPA, FLORIDA 33602

Treasurer: OLE JENSEN

Address: 1703 N. TAMPA ST., SUITE 11, TAMPA, FLORIDA 33602

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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 11 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. LAWRENCE DEPACE, PRESIDENT

(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OMNI SHIPPING SERVICES, 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 SIXTEENTH DAY OF NOVEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OMNI SHIPPING SERVICES, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF DECEMBER, A.D. 1994.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



2463706 8300

SR# 20150929800

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 10426308

Date: 11-16-15