

F180000001116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

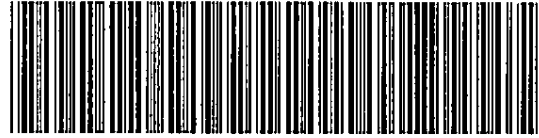
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/05/18--01048--006 **78.75

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18 MAR -5 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2 SIMONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OMANOFF AMERICA CAPITAL MANAGEMENT, 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," 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:

RODNEY OMANOFF

Name of Person

OMANOFF AMERICA CAPITAL MANAGEMENT, INC.

Firm/Company

16179 VILLA VIZCAYA PLACE

Address

DELRAY BEACH, FL 33446

City/State and Zip code

RODNEY@OMANOFFAMERICA.COM

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

For further information concerning this matter, please call:

MICHAEL D. GAINES, CPA

Name of Person

at (732) 906-9277

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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

**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. OMANOFF AMERICA CAPITAL MANAGEMENT, 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 3. 47-5209450
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9/25/2015 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. 16179 VILLA VIZCAYA PLACE, DELRAY BEACH, FL 33446
(Principal office address)

SAME
(Current mailing address, if different)

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

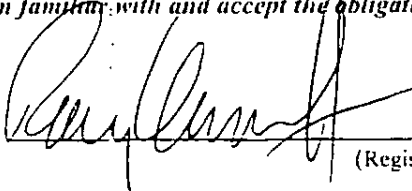
Name: RODNEY OMANOFF

Office Address: 16179 VILLA VIZCAYA PLACE

DELRAY BEACH, Florida 33446
(City) (Zip code)

9. Registered agent's acceptance:

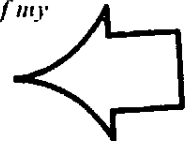
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(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.

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MAR -5 PM 12:57
16179 VILLA VIZCAYA PLACE
DELRAY BEACH, FLORIDA



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

A. DIRECTORS

Chairman: RODNEY OMANOFF

Address: 16179 VILLA VIZCAYA PLACE
DELRAY BEACH, FL 3346

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: RODNEY OMANOFF

Address: 16179 VILLA VIZCAYA PLACE
DELRAY BEACH, FL 3346

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. 

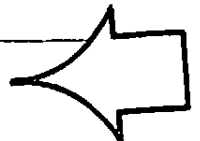
Signature of Director or Officer

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. RODNEY OMANOFF

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

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18 MAR -5 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OMANOFF AMERICA CAPITAL MANAGEMENT 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 TWENTY-FIFTH DAY OF JANUARY, A.D. 2018.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OMANOFF AMERICA CAPITAL MANAGEMENT INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2015.

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



5833676 8300

SR# 20180127892

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 in a small font.

Authentication: 202031008

Date: 01-25-18



State of Delaware

SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 898
DOVER, DELAWARE 19903

S142052

OMANOFF AMERICA LLC

303 CALIFORNIA AVENUE APT #28

SANTA MONICA, CA 90403

01-25-2018

DESCRIPTION	AMOUNT
5833676 - OMANOFF AMERICA CAPITAL MANAGEMENT INC. Entity Status - Short Form	
Certification Fee	\$50.00
TOTAL CHARGES	\$50.00
TOTAL PAYMENTS	\$50.00
BALANCE	\$0.00