F1800001176

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
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31210



March 7, 2018 via UPS Delivery

Ms. Dionne Scott
Florida Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Application By Foreign Corporation

Omni Administrators, Inc. Reference #: W18000017848

Dear Ms. Scott:

Please consider the enclosed resubmission of the Application By Foreign Corporation for Authorization to Transact Business in Florida for your review and approval. Westmont Associates, Inc. has been requested to submit this correspondence on behalf of Omni Administrators, Inc. Enclosed is a copy of the check in the amount of \$78.75, which was submitted with the original filing on February 16, 2018.

Thank you for your time and attention. Should you have any questions or require additional information, please contact me at katie@westmontlaw.com or by phone at 856-276-0226.

Respectfully,

Katie Lenguadoro

FILED



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2018

LOGAN MARRO 1763 MARLTON PIKE E SUITE 200 CHERRY HILL, NJ 08003

SUBJECT: OMNI ADMINISTRATORS INC.

Ref. Number: W18000017848

We have received your document for OMNI ADMINISTRATORS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

**

Letter Number: 218A00003699

COVER LETTER

	iration Section of Corpor					
CUD IE CT.	Omni Admin	istrators, Inc.				
SUBJECT:		Name of corporat	ion - mu	st include suffix		
Dear Sir or M	adam:					
"Certificate of	f Existence,"	by Foreign Corporation for "Certificate of Good Sorporation to transact bus	tanding'	and check are sub	et Business in Flo mitted to register	rida," the
Please return	all correspon	dence concerning this ma	tter to th	e following:		
		Name	of Perso		<u></u>	
Westmont Ass	ociates, Inc.	Name	01 1 6130	••		
		Firm/C	ompany		<u> </u>	
1763 Mariton	Pike East, Suit					
		Ac	ldress			
Cherry Hill, N	J 08003					
		City/Stat	e and Zi	p code		
dhorowitz@le	adingedgeadm —————	_				·
		E-mail address: (to be use	ed for fu	ture annual report r		≥
For further in	formation co	ncerning this matter, plea	se call:			7118 KAR
Logan Marro		856 at ()	16-0220	ASS ASS	FILE
Nam	e of Person	Area C	Code	Daytime Telepl	hone Number	η
Regis Divis Clifto 2661	EET/COUR stration Secti- tion of Corpo on Building Executive C hassee, FL 3	rations enter Circle		MAILING AI Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	08
Enclosed is a	check for the	following amount:				
□ \$70.00 Fi	ling Fec I	■ \$78.75 Filing Fee & Certificate of Status		3.75 Filing Fee & rtified Copy	S87.50 Filir Certificate Certified C	of Status &

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.

(If name unavail	able in Florida, enter alternate corporate n	name adopted for	the purpose of transact	ting business in Florida)	-
New York		27-25899	05		
(State or countr	y under the law of which it is incorporate	d)	(FEI number, if	applicable)	_
April 12, 2010		5.			
(Date	of incorporation)	(Date of duration, if other	e of duration, if other than perpetual)	
					_
	(Date first transacted busin (SEE SECTIONS 607.1501 & 6	iess in Florida, i	f prior to registration)	nility)	
14 Wall Storet S	uite 5B, New York, NY 10005)07.1302, F.S., V	o determine penany nac	ninty)	
·		Principal office a	44	-	_
	(1	tincipal office a	uuicss <i>)</i>		
	(6	!!!	if different)		_
	(Current)	mailing address,	ii different)		
None and see	et address of Florida registered agent:	· /P O Boy N	OT accentable)	2018 NAR - 9 SCORE FARY FALLAHASSE	
. Name and stre	CT Corporation System	, (r.o. box 11	<u>O I</u> acceptable)	CAR E	FILE
Name:	——————————————————————————————————————			355	F
Office Address:	1200 South Pine Island Road				m
/11 00 / 1da 653.	Plantation		. 33324	A II: 01	
	(City)	, Flo	orida (Zip code)	TILORIU	
	(chy)		(2.)	100 B	
. Registered ag	ent's acceptance:		cess for the above su	ated corporation at th	e pia
laving been nan	ned as registered agent and to accept	service of pro	nnietarad agant and a	aree to art in this car	nacin
laving been nan esignated in thi	ent's acceptance: ned as registered agent and to accept s application, I hereby accept the app comply with the provisions of all stat	pointment as r	egistered agent and o	igree to act in this cap	pacity 'my

^{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 Barbara Weissman Chairman: 1495 East 24th Street, Brooklyn, NY 11210 Vice Chairman: _____ Robert Pillartz Director: 351 West 24th Street #21A, New York, NY 10011 Address: Director: **B. OFFICERS** Barbara Weissman President: 1495 East 24th Street, Brooklyn, NY 11210 Address: Vice President: Robert Pillartz Secretary: 351 West 24th Street #21A, New York, NY 10011 Address: _ Treasurer: _____ Address: _____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Barbara Weissman, President

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

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of OMNI ADMINISTRATORS INC. was filed on 04/12/2010, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



PILED
2010 HAR -9 A II: 08
SECRETARY OF STATE

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 12th day of February two thousand and eighteen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State