# Division of Corporations

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.

(((H18000135655 3)))



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

_	$\sim$	
	u	

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email	Address:	<b>;</b>		
			_	

#### FOREIGN PROFIT/NONPROFIT CORPORATION OMEGA COMMUNITY LABOR UNION

Certificate of Status	,	<u> </u>	0
Certified Copy		r	0
Page Count			04
Estimated Charge			\$70.00

Electronic Filing Menu Corporate Filing Menu

Help

O SIMMONS MAY 0 1 2018

## APPLICATION BY FOREIGN NOT FOR PROFIT CORE DRATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

,

			Control to the Placeto
(If name unava	illable in Florida, enter alternate o	corporate name adopted for the purpose o	
		ncorporated) 3. N/A (FEI numb	
(State or cour	ntry under the law of which it is is	ncorporated) (FEI mimb	er, if applicable)
07/04/201	17	5. (Date of duration	
(L	Date of Incorporation)	(Date of duration	on, if other than perpetual)
NI/A			
•		registration, See sections 617,1501 & 617.1	
3030 N	. Rocky Point Dr,	, STE 150A Tampa, F	-L 33607
		(Principal office address:	三位
		`	
	(C	Current mailing address, if different)	
1 4 0 0		2.4	0 1
LABC	OR UNION		
LABC (Purpose(s) of	OR UNION	state or country to be carried out in the sta	te of Florida)
(Purpose(s) of	corporation authorized in home s	state or country to be carried out in the sta	当二一切
(Purpose(s) of	corporation authorized in home s		te of Florida)
(Purpose(s) of	corporation authorized in home s	state or country to be carried out in the sta	te of Florida)
(Purpose(s) of	corporation authorized in home s reet address of Florida register Registered Agents Inc.	state or country to be carried out in the started agent: (P.O. Box <u>NOT</u> acceptable	te of Florida)
(Purpose(s) of	reet address of Florida register  Registered Agents Inc.  3030 N. Rocky Point Dr. ST	state or country to be carried out in the started agent: (P.O. Box <u>NOT</u> acceptable E 150A	te of Florida)
(Purpose(s) of . Name and str	corporation authorized in home s reet address of Florida register Registered Agents Inc.	state or country to be carried out in the started agent: (P.O. Box <u>NOT</u> acceptable	(Zip Code)
(Purpose(s) of	reet address of Florida register  Registered Agents Inc.  3030 N. Rocky Point Dr. ST	state or country to be carried out in the started agent: (P.O. Box <u>NOT</u> acceptable E 150A	
(Purpose(s) of  Name and str  Name:  Office Address:	corporation authorized in home s reet address of Florida register Registered Agents Inc. 3030 N. Rocky Point Dr. ST Tampa (City) d agent's acceptance:	red agent: (P.O. Box <u>NOT</u> acceptable  E 150A , Florida 33607	(Zip Code)
(Purpose(s) of  Name and str  Name:  Office Address:  10. Registered faving been name in the street	reet address of Florida register  Registered Agents Inc.  3030 N. Rocky Point Dr. ST  Tampa  (City)  d agent's acceptance:  amed as registered agent and his application. I hereby acce	red agent: (P.O. Box <u>NOT</u> acceptable  E 150A , Florida <u>33607</u>	(Zip Code)  (Above stated corporation at the plant and agree to act in this capacity
Name and str Name: Name: Office Address: 0. Registered laving been no	reet address of Florida register  Registered Agents Inc.  3030 N. Rocky Point Dr. ST  Tampa  (City)  d agent's acceptance:  amed as registered agent and his application, I hereby acceptances agent with the provisions.	red agent: (P.O. Box <u>NOT</u> acceptable  E 150A  Florida 33607  I to accept service of process for the accept the appointment as registered age of all statutes relative to the proper a	(Zip Code)  above stated corporation at the plant and agree to act in this capacity and complete performance of my
Name and str Name: Name: Office Address:	reet address of Florida register  Registered Agents Inc.  3030 N. Rocky Point Dr. ST  Tampa  (City)  d agent's acceptance:  amed as registered agent and his application, I hereby acceptances agent with the provisions.	red agent: (P.O. Box <u>NOT</u> acceptable  E 150A , Florida <u>33607</u>	(Zip Code)  above stated corporation at the plant and agree to act in this capacity and complete performance of my
Name and str Name: Name: Office Address:	reet address of Florida register Registered Agents Inc. 3030 N. Rocky Point Dr. ST Tampa (City) d agent's acceptance: amed as registered agent and his application, I hereby accept a familiar with and accept the	red agent: (P.O. Box <u>NOT</u> acceptable  E 150A  Florida 33607  I to accept service of process for the accept the appointment as registered age of all statutes relative to the proper a	(Zip Code)  above stated corporation at the plant and agree to act in this capacity and complete performance of my

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 gaving custody of corporate records in the jurisdiction under the law of which it is incorporated.

#### 12. Names and addresses of officers and/or directors

#### A. DIRECTORS

Chairman:	·······		
Address:		<u>ئ</u>	
	orgins.	ikg > 5p. _1,57	
Vice Chairman: WILLIAM FLORES	·	;	
Address: 3030 N. Rocky Point Dr. STE 150A		) \$. 	
Tampa, FL 33607		·	
Director:	· · · · · · · · · · · · · · · · · · ·	<u></u>	
Address:			
Director:		<u></u>	
Address:		,	50.0
B. OFFICERS			The second second
President: WILLIAM FLORES			30 E
Address: 3030 N. Rocky Point Dr. STE 150A		7	
Tampa, FL 33607		144,	<u> </u>
Vice President:	,		
Address:	. <del></del>		
		),,,	
Secretary:			
Address:			
Treasurer:			
Address:			
NOTE: If necessary, you may attach an addendum to			
13. William Fla (Signature of Chairman, Vice Chairman, or	any officer	listed in number 12	of the application)
WILLIAM FLORES, Director			
(Typed or printed name and c	apacity of pe	ersch signing applica	ation)



### State of California Secretary of State

CERTIFICATE OF STATUS

#### ENTITY NAME:

OMEGA COMMUNITY LABOR UNION

FILE NUMBER:

C4049311

FORMATION DATE:

07/24/2017

TYPE:

DOMESTIC NONPROFIT COMPORATION

JURISDICTION: CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

ľ

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHETEOFY I execute this certificate and affix the (meat Seal of the State of California this day of April 26, 2018.

ALEX PADILLA Semetary of State