

L03000032397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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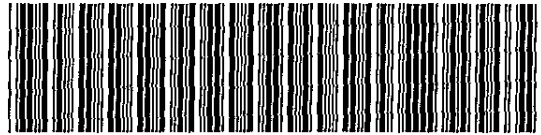
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Omicron Advisors, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

E. Rick Alvarez

(Name of Person)

CAPITAL MARKETS COMPLIANCE

(Firm/Company)

4060 Peachtree Rd, Suite D, PMB 263

(Address)

Atlanta, GA 30319

(City/State and Zip Code)

For further information concerning this matter, please call:

E. Rick Alvarez

(Name of Person)

at (404) 842-0888

(Area Code & Daytime Telephone Number)

* **STREET ADDRESS:**
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399
(850) 245-6051

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Omicron Advisors, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1111 Brickell Avenue

11th Floor

Miami, FL 33131

Mailing Address:

1111 Brickell Avenue

11th Floor

Miami, FL 33131

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Jose Rafael Mirabal

Name

1111 Brickell Avenue

Florida street address (P.O. Box **NOT** acceptable)

Miami

FL 33131

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..


Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM	Jose Rafel Mirabal
	1111 Brickell Avenue, 11th Floor
	Miami, FL 33131
MGRM	Ernesto Casco
	1111 Brickell Avenue, 11th Floor
	Miami, FL 33131

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Jose Rafael Mirabal

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 AUG 25 AM 8:00

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