## 204000001244

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
DICK-ND.	WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer;				

Office Use Only



200025800642

12/30/03--01048--003 \*\*125.00

2003 DEC 30 AM IO: 18

DIVILION OF CORPORATIONS
AHASSEE FLORIDA

## TRANSMITTAL LETTER

SUBJECT: Omni Walls LLC	* <b>~</b>
(Name of Limited Liability Company)	13 13 N
	EG 6 1
The enclosed Articles of Organization and fee(s) are submitted for filing.	13. 8 C
Please return all correspondence concerning this matter to the following:	MISTON SEE TONG
Michael Nasset	67,0
(Name of Person)	
Omni Walls LLC	
(Firm/Company)	
3111 Smith Ave	
(Address)	
Bradenton, Fl. 34207	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Michael Nasset at ( 941 ) 228-5054	
(Name of Person) (Area Code & Daytime Telephone Number	)

STREET ADDRESS:

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		F ORGANIZATION FOR D LIABILITY COMPANY is:
ARTICLE I - I The name of the	Name: e Limited Liability Company	is:
Omni Walls LLC		Pilons.
ARTICLE II - The mailing add		principal office of the Limited Liability Company is:
Principal Offic	e Address:	Mailing Address:
3111 Smith Ave		3111 Smith Ave
Bradenton, Fl. 34	\$207	Bradenton, Fl. 34207
	he Florida street address of th	red Office, & Registered Agent's Signature: ne registered agent are:
	Michael Nasset Nas	me
	3111 Smith Ave	P.O. Box NOT acceptable)
	Bradenton,	FLORIDA 34207

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, Florida Statutes..

City, State, and Zip

Page 1 of 2 (CONTINUED)

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	ABOR SO MIO. 18 ONS
MGR	Michael Nasset	- 1031
	3111 Smith Ave	- 8604°
	Bradenton, Fl. 34207	- A 0.
<del>,</del> -	7 (7 )	<u> </u>
		<b>-</b>
		-
•		<del></del>
		<b></b> .
(Use attachment if necessary)		
NOTE: An additional article mus	t 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 of this document constitutes that the facts stated herein a	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)	
Michael Nasset		

## 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)

Typed or printed name of signce