

L04600019075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

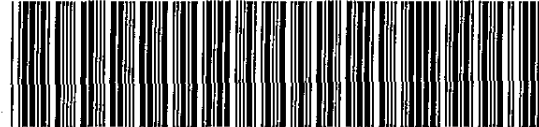
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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BSK

RECEIVED
04 MAR -8 AM 10:32
DIVISION OF CORPORATION

FILED
04 MAR 11 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Charter Number Only

FILED
MAR 11 PM 2:59
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

3-5-04

Requestor's Name

ATLANTIC

Address

City

State

ZIP

Phone

VALIDATION ONLY

CORPORATION(S) NAME

Omni Corp Property Management, LLC

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☒ Other LLC

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

Empire Toll Free: 1-800-432-3028

CERTIFIED COPY



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 8, 2004

EMPIRE

TALLAHASSEE, FL

SUBJECT: OMNI CORP PROPERTY MANAGEMENT, LLC
Ref. Number: W04000009272

RECEIVED
04 MAR 21 AM 10:28
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
PM 2:59

We have received your document for OMNI CORP PROPERTY MANAGEMENT, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$155.00 payment.

A Florida limited liability company cannot use the suffix "CORP" anywhere in its name. If you wanted to make "OMNI CORP" a single word -- "OMNICORP" -- that would be acceptable.

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) 245-6914.

Buck Kohr
Document Specialist

Letter Number: 804A00015287

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Omnnicorp Property Management, LLC

Article II - Address:

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

Principal Office Address:

5030 Champion Blvd.
Suite 443
Boca Raton, FL 33496

Mailing Address:

5030 Champion Blvd.
Suite 443
Boca Raton, FL 33496

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

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

Rodney Way
Name

2620 NW 22 St.
Florida street address (P.O. Box NOT acceptable)

At. land, FL 33311
City, State, and Zip

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..

Rodney Way

Registered Agent's Signature

ARTICLE IV - Management / Member(s):

The name(s) and address(es) of each Manager or Managing Member is as follows"

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

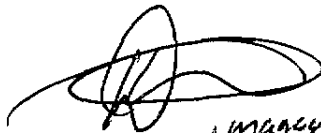
MGRM

Doyle Aaron
5030 Champion Blvd, Ste. 443
Boca Raton, FL 33496

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



Managing member

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.)

Doyle Aaron

Typed or printed name of signee