

L04 0000 20690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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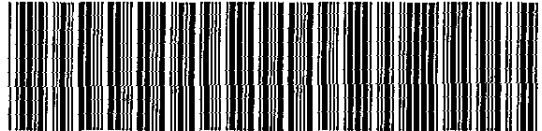
(Business Entity Name)

(Document Number)

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BK



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 503305 7117422

AUTHORIZATION *Patricia Pigato*

COST LIMIT : \$ 155.00

ORDER DATE : March 17, 2004

ORDER TIME : 2:13 PM

ORDER NO. : 503305-005

CUSTOMER NO: 7117422

CUSTOMER: Ms. Virginia E. Hosea
Katz & Green

1 Florida Park Drive South

Palm Coast, FL 32137

DOMESTIC FILING

NAME: OMNI -2-, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**ARTICLES OF ORGANIZATION OF
OMNI -2-, LLC
A LIMITED LIABILITY COMPANY**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I

The name of the Limited Liability Company is: OMNI -2-, LLC.

ARTICLE II

The mailing address and street address of the principal office of the Limited Liability Company is: 1 Farraday Lane, Suite 2F, Palm Coast, Florida, 32137.

ARTICLE III

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV

The Limited Liability Company is to be managed by a manager or managers and the name and address of such manager(s) is/are:

Jo Ann Gould, 1 Farraday Lane, Suite 2F, Palm Coast, FL 32137

ARTICLE V

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be set forth in the Operating Agreement.

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TALLAHASSEE, FLORIDA

I have signed these Articles of Organization and acknowledged them to be my act
this 16 day of March, 2004.

A handwritten signature in black ink, appearing to read "B. Paul Katz", written over a horizontal line.

B. Paul Katz, Agent

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING
AGENT UPON WHOM PROCESS MAY BE SERVED FOR
OMNI -2-, LLC**

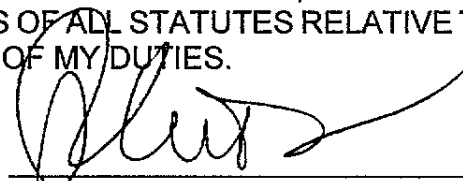
IN COMPLIANCE WITH SECTION 608.507, FLORIDA STATUTES, THE
FOLLOWING IS SUBMITTED:

FIRST: THAT THE UNDERSIGNED AGENT, DESIRING TO ORGANIZE OR
QUALIFY THE ABOVE REFERENCED LIMITED LIABILITY COMPANY UNDER THE
LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT
1 FARRADAY LANE, SUITE 2F, PALM COAST, FLORIDA, 32137; HAS NAMED B. PAUL
KATZ, LOCATED AT 1 FLORIDA PARK DRIVE SOUTH, ATRIUM SUITE, PALM COAST,
FLORIDA 32137, AS ITS REGISTERED AGENT AND OFFICER TO ACCEPT SERVICE
OF PROCESS WITHIN FLORIDA.


B. PAUL KATZ, Agent

Date: 3/16/04

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-
STATED LIMITED LIABILITY COMPANY, AT THE PLACE DESIGNATED IN THIS
CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER
AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE
PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.


B. PAUL KATZ, REGISTERED AGENT

DATE: 3/16/04