L06000051286

(Red	questor's Name)	
(Add	dress)	·
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(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	<u>.</u>
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
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Office Use Only



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DIVISION OF CORPORATIONS

06 MAY 12 PM 3: 23

J. BRYAN MAY 1 8 2006.

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: OMEGA PEO LI	_C	
(Name of Resulting	ng Florida Limited Company)	
The enclosed Certificate of Conversion, A convert an "Other Business Entity" into a accordance with s. 608.439, F.S.	Articles of Organization, and fees are submitted "Florida Limited Liability Company" in	to
Please return all correspondence concern	ing this matter to:	
CRAIG SHERMAN (Contact Person) OMEGA PEO LLC (Firm/Company)		
(Contact Person)		1 = 1
UMEGA TEU, LLC)6 M
7 N. MAIN STREET S		06 MAY 12 PM 3: 23
(Address)		2
MOUNT CLEMENS, MI	48043-8600	25
(City, State and Zip Code)	ب <u>ڊ</u> 2
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For further information concerning this n	natter, please call:	
CRAIG SHERMAN	at (586) 466-7040 (Area Code and Daytime Telephone Number)	•
(Name of Contact Person)	(Area Code and Daytime Telephone Number)	
Enclosed is a check for the following ame	ount:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\begin{array}{l} \$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fees and Certified Copy Certificate of Status	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations P. O. Box 6327	
Clifton Building 2661 Executive Center Circle	Tallahassee, FL 32314	
Tallahassee, FL 32301		

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Bu	asiness Entity" immediately p	rior to the filing of this
Certificate of Conversion is:	OMEGA PED, INC.	# 20600006064
(En	ter Name of Other Business	
2. The "Other Business Entity	y" is a CORPORATION	<u> </u>
(Enter entity type. Examp	le: corporation, limited par nership, common law or bus	unersnip, sole proprietorsnip,
first organized, formed or inco (Enter state, or	orporated under the laws of _ if a non-U.S. entity, the nar	FLORIDA me of the country)
on 4/28/06		zed, formed or incorporated)
(Enter date "Other Busin	ess Entity" was first organiz	zed, formed or incorporated)
3. If the jurisdiction of the "Cunder the laws of which it is r	•	
NA		·
4. The name of the Florida L. Articles of Organization:	imited Liability Company as	set forth in the attached
DMEGA PE	0, LLC me of Florida Limited Liabi	
(Enter Nai	me of Florida Limited Liabi	lity Company)

Page 1 of 2

(The effective date: 1) cannot be prior to nor m document is filed by the Florida Department of effective date listed in the attached Articles of C listed therein.)	nore than 90 days after the date this State; <u>AND</u> 2) must be the same as t	he
Signed this 9th day of MAY	20 <u>0</u> b	
Signature of Authorized Person:	Shun	
Printed Name: CRAIG SHERMAN Title	EEGISTERED AGENT	-
Fees:	٠.٠ ا	SECRET DIVISION
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	AY 12 PH 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	•
OMEGA PEO, LLC	•
(Must end with the words "Limited Liability Company, "Limited Company" or their abbre "L.C.,")	viation "LLC," or
ARTICLE II - Address: The mailing address and street address of the principal office of the Liability Company is:	Limited
Principal Office Address: Mailing Address:	
DAVIE, FL 33328 1 N. MAIN STREE SUITE 114 MT. CLEMENS, M	06
ARTICLE III - Registered Agent, Registered Office, & Registere Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must design individual or another business entity with an active Florida registration.)	2 70
The name and the Florida street address of the registered agent are:	
CRAIG SHERMAN	
10972 PINE LODGE TEAIL Florida street address (P.O. Box NOT acceptable)	le)

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 amfamiliar with and accept the obligations of my position as registered agent as provided for in

Chapter-608) F.S..

Registered Agent's Signature (REQUIRED)

City, State, and Zip

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manage		Name and Address:		
"MGRM" = Manag				
	ing wember			
MGRM		MARIA SILAMIANOS 10972 PINE LODGE TRAIL		
		DAVIE, FL 33328		
	*		 	
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		(Use attachment if necessary)	2	
		(ese unaciament il necessary)		
	ite, if other than the da	ate of filing:	무 3:	: :
NAL) Nactive date is list	ad the date must be	specific and cannot be more than f		
HOCKING CHIEF TO HISE	00 days after the date	e of filing.)	.,,	•
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REQUIRED SIG	Paruar	orized representative of a member.		
days prior to or service of service of a	Paruase member or an auth	-		
REQUIRED SIG Signature of a	member or an auth with section 608.40 nt constitutes an affir	8(3), Florida Statutes, the execution mation under the penalties of perjury		
REQUIRED SIG Signature of a	member or an auth e with section 608.40 nt constitutes an affir that the facts state	8(3), Florida Statutes, the execution mation under the penalties of perjury d herein are true.)		
REQUIRED SIG Signature of a	member or an auth with section 608.40 nt constitutes an affir that the facts state MARIA SIL	8(3), Florida Statutes, the execution mation under the penalties of perjury d herein are true.)		
REQUIRED SIG Signature of a	member or an auth with section 608.40 nt constitutes an affir that the facts state MARIA SIL	8(3), Florida Statutes, the execution mation under the penalties of perjury d herein are true.)	·	
REQUIRED SIG Signature of a (In accordance of this docume	member or an auth with section 608.40 nt constitutes an affir that the facts state MALIA SIL Typed or printer	8(3), Florida Statutes, the execution mation under the penalties of perjury d herein are true.)		
REQUIRED SIGNATURE OF A Signature of a (In accordance of this docume) Filing Fees	member or an auth with section 608.40 nt constitutes an affir that the facts state MARIA SIL Typed or printer	8(3), Florida Statutes, the execution mation under the penalties of perjury d herein are true.)		

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)