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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Omega ConsTruction Co. 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:
Cornelius D. Gones JR.
(Name of Person)
(Firm/Company)
Po Box 2014
(Address)
TALLAHASSER FL 32311 35 6
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (850) 510-4957 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
ο \$125.00 Filing Fee ρ \$130.00 Filing Fee & ρ \$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "LC.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: 1218 WAHAYISH WAY Po Box 7014
TAIJAHASSCC, F1 32310 T44 F1 32314
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
CORNELIUS D. GONES JR. Name 1218 WAHNISH WAY Florido stront address (R.O. P. P. NOT accountable)
1218 WAHNISH WAY
Florida street address (P.O. Box NOT acceptable)
TATAMASSEC FL 323/D
City, State, and Zip
Having been named as registered agent and to appear agming of manage for the above stated limited

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 REQUIRE

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	CORNELIUS D. JONES JR. PO BOX 7014 TLH., Fl 32314
	
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	SEEFFOR TO LO
(Use attachment if necessary)	9r
ARTICLE V: Effective date, if other than (If an effective date is listed, the date m prior to or 90 days after the date of filing. REQUIRED SIGNATURE:	the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days)
Signature of a men	nber of an authorized representative of a member.
of this document co	section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury difference of the penalties of the
Filing Fees:	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)