

W070000 79880

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000197271 3)))



H070001972713ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

msf

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 AUG -3 AM 8:48

FILED

FLORIDA/FOREIGN LIMITED LIABILITY CO.

omni ii development, llc

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

RECEIVED

07 AUG -3 PM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(2)

H07000197271

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

ARTICLE I - Name of Limited Liability Company:

OMNI II DEVELOPMENT, LLC

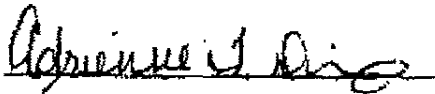
ARTICLE II - Mailing Address & Street Address of Limited Liability Company:

**300 E OAKLAND PARK BLVD. #390
OAKLAND PARK, FL 33334**

ARTICLE III - Registered Agents Name, Office Address, & Registered Agents Signature

**ADRIENNE T. DIXON
300 E. OAKLAND PARK BLVD. #390
OAKLAND PARK, FL 33334**

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...

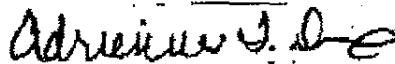


Registered Agent's Signature

Date 08/03/07

- Article IV - Management (Check box if applicable.)
☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. Specify name & address(es).

1. DENNIS JONES, 300 E. OAKLAND PARK BLVD. #390, OAKLAND PARK, FL 33334
2. WOODWARD WARREN, 10526 NW 10TH STREET, PLANTATION, FL 33322
3. ADRIENNE T. DIXON, 300 E. OAKLAND PARK BLVD #390, OAKLAND PARK, FL 33334



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.

ADRIENNE T. DIXON

Typed or printed name of signee

H07000197271

FILED
07 AUG - 3 AM 8:49
SECRETARY OF STATE
FLORIDA