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•
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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000125862360

04/29/08--01003--021* **125.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

8 APR 28 P 2:

Omega **1**, LLC 3743 Alcove Drive Middleburg, FL 32068

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Phone: 1-850-245-6051

Dear Sirs:

We are applying for Article of Organization and Designation of Registered Agent. Enclosed please find completed forms and a check in the amount of \$125.00 for the filing fee.

We respectfully ask that you acknowledge receipt of these documents and our payment, once processed.

Respectfully,

FILED

2009 APR 28 P 2: 35
SECRETARY OF STATE
ALLAHASSEE, FISHE

COVER LETTER

Division of Cor						
SUBJECT: Omeg	a 7, L.L.C.					
	(Name of Limited Li	ability Com	pany)			
The enclosed Articles of	Organization and fee(s) are subm	itted for fili	ng.			
Please return all correspo	ndence concerning this matter to	the following	ng:			
То	nya L. Herron o	r ·	Tennille L.	Herron		
 	(Nam	e of Person)		·		_
Omega 7,	L.L.C.					
	(Firm	/Company)	- , 			_
2640-204 I	Blanding Blvd# 167			TALL	8007	
 	(A	Address)		AAC.	7 5	ا - سب
Middleburg	ı, FL 32068			ASSE	APR 28	- F
, , , , , , , , , , , , , , , , , , , 	(City/State	e and Zip Co	de)	ر ن	ਜ ਹ	['
For further information c	oncerning this matter, please call:			LORIOA	2: 35 STATE	
Tonya L. Herro	1	904	, 424-140	5		
	of Person)		de & Daytime Tele			
Enclosed is a check for	·	`	·	•		
√ \$125.00 Filing Fee [Certificate of Status (155.00 Fili Certified Co additional co		\$160.00 Fili Certificate of Certified Co (additional cop	of Status & opy	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton 2661 Ex	Courier Address tion Section of Corporations Building secutive Center C ssee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
Omega 7, L.L.C.				
(Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:				
The mailing address and street address of the pr	incipal office of the Limited	Liabil	ity Co	mpany is:
Principal Office Address:	Mailing Address:			
2640-204 Blanding Blvd# 167	2640-204 Blanding Blvd# 167			_
Middleburg, FL 32068	Middleburg, FL 32068			_
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the re	ered Agent. You must designate an in		or anoth	
Tonya L. Herron or T	ennille L. Herron	CRETARY _AHASSE	7008 APR 28	
3743 Alcove Drive		ma -	U	
Middleburg, FL 3206	ress (P.O. Box <u>NOT</u> acceptable) 8 _{FL}	F STATE	2: 35	
City, State, a	nd Zip	حند		•

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 (REQUIRED

(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:

		Name and Address:	
"MGR" = Manager "MGRM" = Manag			
MGR		Tonya L. Herron	
	-	3743 Alcove Drive	
		Middleburg, FL 32068	
MGR	_	Tennille L. Herron	<u> </u>
	-	3743 Alcove Drive	PSE SE
		Middleburg, FL 32068	P2 2
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			F. 5.
			질프 W
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(Use attachment if	necessary)		
LE V: Effective dat fective date is listed	d, the date must be	date of filing: e specific and cannot be mo	(OPTION re than five business d
` LEV: Effective dat	d, the date must be of filing.)	<u> </u>	
LE V: Effective data fective date is listed days after the date REQUIRED SIGN	d, the date must be of filing.) NATURE:	<u> </u>	re than five business d

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)

Typed or printed name of signee