

LOG 000036768

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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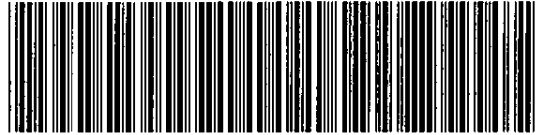
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/30/09--01030--024 **125.00

EFFECTIVE DATE

3/28/09

FILED
09 MAR 30 PM 3:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DATE: 03/26/2009

TO: REGISTRATION SECTION. DIVISION OF CORPORATIONS

FROM: NIDIA OCHOA. ACTIVE BUSINESS OMEGA LLC

TELF # 954-240-8975 (ANYTIME)

ADDRESS: 3824 SAN SIMEON CIRCLE, WESTON, FL, 33331

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 31, 2009

NIDIA OCHOA
3824 SAN SIMEON CIRCLE
WESTON, FL 33331

SUBJECT: ACTIVE BUSINESS OMEGA LLC
Ref. Number: W09000015051

We have received your document for ACTIVE BUSINESS OMEGA LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Chapter 608, Florida Statutes, does not allow limited liability companies to issue shares or stock. Consequently, limited liability company documents cannot contain any references/terms which may implicate otherwise. Please delete any references to terms such as "shares," "stock," "stockholders," "shareholders" or the like from your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 909A00010826

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ACTIVE BUSINESS OMEGA LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3824 SAN SIMEON CIRCLE
WESTON, FL, 33331

Mailing Address:

3824 SAN SIMEON CIRCLE
WESTON, FL, 33331

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:

NIDIA OCHOA

Name

3824 SAN SIMEON CIRCLE

Florida street address (P.O. Box **NOT** acceptable)

WESTON, FL, 33331

FL

City, State, and Zip

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TALLAHASSEE FLORIDA

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..

Nidia Ochoa

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

NIDIA OCHOA,

3824 SAN SIMEON CIRCLE

WESTON, FL, 33331

MGR

FRANCISCO CONTRERAS,

3824 SAN SIMEON CIRCLE


WESTON, FL, 33331

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 03/28/2009. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)

NIDIA OCHOA

Typed or printed name of signee

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09 MAR 30 PM 3:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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)