ision of Corporations



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, I

Account Number : I20000000019 : (305)552-5973

Fax Number : (305)220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO. OMEGA USA LLC

Certificate of Status 0 Certified Copy 1 Page Count 03 Estimated Charge \$155.00

C. LEWIS MAR 1/ 2010 **EXAMINER**

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

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

ARTICLE II - Address:

ARTICLE I - Name:

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

Principal Office Address:

Mailing Address:

Mailing Address:

HOLD NE 20 COURT

COLO FL 34479

COLO FL 34479

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:

Wencesko Del Rosario

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

OCala FL 34479.

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 (REOUIRED)

(CONTINUED)
Page 1 of 2

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The name and address	ager(s) or Managing Member(s): s of each Manager or Managing Member is as followsSECRETARY OF TALLAHASSEE	STATE						
<u>Title:</u> "MGR" = Manager "MGRM" = Managir	Name and Address:	LEGITION						
MGRM	Wenceslao Del Rosari 1710 NW 3557 Crala FL 34475	ව .						
MGR	Sabina E Del Rosorio.							
MGR	Maria A Alba:							
(Use attachment if n	cessary)							
	if other than the date of filing: (OPTIONAL the date must be specific and cannot be more than five business days filling.)	,						
REQUIRED SIGNA	TURE:							
Sig	Mence Lab Col Bosard nature 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 parjury that the facts stated herein are true.)								
<u>"</u>	Jenceslan Del Rosario. Typod or printed name of signee							
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)

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