P. 001

Florida Department of State

Division of Corporations 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.

(((H100001804113)))



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) 617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE I

Account Number: I20000000146

Phone : (305)444-4994

Fax Number

: (305)444-4977

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

FLORIDA LIMITED LIABILITY CO. **OMEGA 12, LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

8/10/2010 N. Outlingern AUG 11 2010

FILED 10 AM 8: 18

ARTICLES OF ORGANIZATION OF OMEGA 12. LLC

SECRETARY OF STATE FALLAHASSEE, FLORIDA

ARTICLE I

The name of the limited liability company is OMEGA 12. LLC

ARTICLE II

The address of the principal office and the mailing address of the limited liability company is:

1643 Brickell Avenue Unit 2805 Miami, FL 33129

ARTICLE III

The purpose for which this Limited Liability Company is organized is any and all lawful business.

ARTICLE IV

The name and the Florida street address of the registered agent of the limited liability company is:

Manuel Viamonte 1643 Brickell Avenue Unit 2805 Miami, FL 33129

Having been named as the 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.

Date: 1/119 6/10

Manuel Viamonte Registered Agent

ARTICLE Y

The name and address of each Manager is as follows:

Title:

Name and Address:

Manager

Manuel Viamonte 1643 Brickell Avenue

Unit 2805

Miami, FL 33129

Manager

Gisela Vannay

1643 Brickell Avenue

Unit 2805

Miami, FL 33129

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.

Authorized Signee:

manuel viamonie

isela Vannav

AUG IO AM 8: 11