

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GREENSPOON MARDER, P.A.
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
NYC OMNI, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

D. BRUCE

JUN 27 2011

EXAMINER

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Help

**ARTICLES OF ORGANIZATION
OF
NYC OMNI, LLC**

ARTICLE I - Name:

The name of the Limited Liability Company is NYC Omni, LLC.

ARTICLE II - Duration:

The period of duration for the Limited Liability Company shall begin with the filing of these Articles with the Florida Department of State, and shall exist perpetually, unless sooner dissolved in accordance with the Operating Agreement of the Limited Liability Company or Florida law.

ARTICLE III - Address:

The mailing address and street address of the principal office of the Limited Liability Company is 14 Isla Bahia Drive, Fort Lauderdale, Florida 33316.

ARTICLE IV - Registered Agent:

The name and address of the initial registered agent for this Limited Liability Company is Lou Trosclair, 14 Isla Bahia Drive, Fort Lauderdale, Florida 33316.

ARTICLE V - Management:

The Limited Liability Company is to be managed by a manager or managers and the name and address of the initial manager who is to serve as manager is:

Lou Thomas Trosclair
14 Isla Bahia Drive
Fort Lauderdale, Florida 33316

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TALLAHASSEE, FLORIDA

Whereof, the undersigned has executed these Articles the ²³ day of June, 2011.



Lou Thomas Trosclair

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:
NYC Omni, LLC
2. The name and address of the registered agent and office is:

Lou Thomas Trosclair
14 Isla Bahia Drive
Fort Lauderdale, Florida 33316

By: _____

Lou Thomas Trosclair

I 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 its duties, and I am familiar with and accept the obligations of its position as registered agent.

Lou Thomas Trosclair, (Signature)

June 23, 2011
(Date)

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