(2)

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

FEB 01 2012
L. SELLERS

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

Email Address: _____

This is a re-fax.

FLORIDA LIMITED LIABILITY CO.
Omega PR Fund, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	$155.00

Please Retain the original date as 1/26. Thanks!

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12 JAN 26 AM 11:46
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TRANSMISSION VERIFICATION REPORT

TIME : 01/26/2012 16:04
NAME : CT CORPORATION
FAX : 8556336092
TEL : 0653423522
SER.# : BROK9J985198

DATE,TIME	01/26 16:04
FAX NO./NAME	6176383
DURATION	00:00:00
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RESULT	BUSY
MODE	STANDARD

BUSY: BUSY/NO RESPONSE

1/26/2012 https://efile.sunbiz.org/scripts/filcovr.exe

Certificate of Status	0
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Page Count	04
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FLORIDA LIMITED LIABILITY CO.
Omega PR Food, LLC

Email Address:

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

From:
Account Name : CT CORPORATION SYSTEM
Account Number : FC 000023
Phone : (850) 222-1092
Fax Number : (850) 878-5860

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

Zip *

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Omega PR Fund, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susanna Patton
Name of Person

Greenberg Traurig, LLP
Firm/Company

1750 Tysons Blvd., Suite 1200
Address

McLean, VA 22102
City/State and Zip Code

jeff.carmichael@omegacommunities.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susanna Patton at (703) 749-1329
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ **$125.00 Filing Fee** ☐ $130.00 Filing Fee & Certificate of Status ☒ $[illegible].00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ **$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)**

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Omega PR Fund, 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:	Mailing Address:
2120 Northgate Park Lane, Suite 102 Chattanooga, TN 37415	2120 Northgate Park Lane, Suite 102 Chattanooga, TN 37415

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:

CT Corporation System
Name

1200 South Pine Island Road
Florida street address (P.O. Box NOT acceptable)

Plantation FL 33324
City, State, and Zip

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)

NASEEM A. CONDE
SPECIAL ASST. SECRETARY

(CONTINUED)

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	Omega Puerto Rico Regional Center, LLC 212 Northgate Park Lane, Suite 102 CHATTANOOGA, TN 37415

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Patrick L. Trammell, Jr., Manager of Omega Puerto Rico Regional Center, LLC, its Manager

_____
Typed 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)

FILED
12 JAN 26 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA