L12000638743

(Re	equestor's Name)	
(Ac	dress)	*
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bı	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	·

Office Use Only

B. KOHR

MAR 2 1 2012

EXAMINER



500224447445

03/19/12--01047--002 **160.00



COVER LETTER

	Registration Section Division of Corporations	
SUBJEC	Name of Limited Liability Company	DIVISES SES
The encl	closed Articles of Organization and fee(s) are submitted for filing. return all correspondence concerning this matter to the following:	
Please re	return all correspondence concerning this matter to the following:	10 CONTRACTOR
_	Ederick Charles Name of Person	54 ti 2.
***	OMNI MAGNUS ProducTION, LLC.	2
	17710 NW 14PC	
_	Miami, Florida 33169 City/State and Zip Code	
_	E-mail address: (to be used for future annual report notification)	
For furth	ther information concerning this matter, please call:	
E	Ederick Charles at 786, 362-1405 Name of Person Area Code & Daytime Telephone Number	
Enclosed	ed is a check for the following amount:	
\$125.00 F	Filing Fee \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}\$\$155.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)}\$\$\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$\$\$\$\$	
	Mailing Address Street/Courier Address	

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

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:

Omni Magnius	Production, LLC. 19 32 ity Company, "L.L.C.," or "LLC.")
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	ity Company, "L.L.C.," or "LLC.") incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
17710 NW 14PL MIAMI, FLORIDA 33169	17-710 NW 14PC MIDMI, FC. 33169
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the r	egistered agent are:
Ederick	Charles
17710 NW 1	
	lress (P.O. Box <u>NOT</u> acceptable)
MIRMI	FL 33169 ate, and Zip
Chy, Siz	ite, and Zip
	accept service of process for the above stated limited his certificate. I hereby accept the appointment as

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 and agree to act in this capacity. I further agree to comply with the provisions of all

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:

MER	Ederick Charles 17710 NW 14PC MIAMI, FC. 33 (69
MERM	RASHAD ST. AMAND 17710 NOW 14 PC MIAMI, FLORIDA 33169
Use attachment if necessary)	
	e date of filing: (OPTIO) be specific and cannot be more than five business d

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.)

Ederick P. Charles
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)