

L 13000034586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

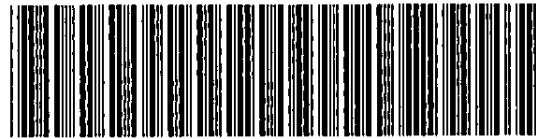
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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600244452846

EFFECTIVE DATE
3-5-2013

RECEIVED
DEPARTMENT OF STATE
13 MAR -6 PM 1:53

FILED
13 MAR -6 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAR 7 - 2013



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 560378 7928051

AUTHORIZATION :

COST LIMIT : \$ 125.00

Frank Coleman

ORDER DATE : March 6, 2013

ORDER TIME : 12:23 PM

ORDER NO. : 560378-005

CUSTOMER NO: 7928051

DOMESTIC FILING

NAME: OMEGA KITCHENS, LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: *Susie Knight* - EXT. 52956

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EFFECTIVE DATE
3-5-2013

OMEGA KITCHENS, 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:

3908 NORTH JOHN YOUNG PARKWAY
ORLANDO, FL 32804

3908 NORTH JOHN YOUNG PARKWA
ORLANDO, FL 32804

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:

Giuseppe Papsleo

Name

3908 North John Young Parkway

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

Orlando

FL 32804

City, State, and Zip

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TALLAHASSEE, FLORIDA

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)

(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:

MGRM

GIUSEPPE PAPALEO
3908 North John Young Parkway
Orlando, FL 32804

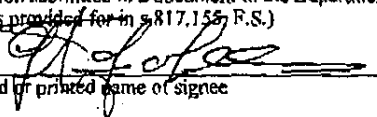
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: March 5, 2013 (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.)

Giuseppe Papaleo 
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)