# 113000114083

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

W13-41669



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D. BRUCE



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 24, 2013

TIMOTHY J. PARKER 8351 BAYBERRY ROAD JACKSONVILLE, FL 32256

SUBJECT: OMS, LLC

Ref. Number: W13000041669

We have received your document for OMS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as or it is not distinguishable from the name of an existing entity. Section 608 406, Florida Statutes, was amended effective July 1, 2007, to require the name of all imited liability company to be distinguishable from the names of all other fillings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

The document number of the name conflict is L05000113929.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 213A00017964

#### www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## **COVER LETTER**

	Registration Division of C							
SUBJEC	<b>71:</b>	- omt	5-JA	X,LLC		or words of Marco Andrews		
		Nume of Limi	ted Liability Com	pany				
The encle	osed Articles	of Organization and fec(s) are	submitted for fili	ng.				
Please rel	turn all corres	pondence concerning this mat	ter to the followir	ng:				
7	<b>Fimoth</b>	y J. Parker						
	······		Name of Person		***************************************			
Med comm	And the state of t		Firm/Company		-			
8	351 B	ayberry Road			معور ٠			
100/4-			Address			200	28	
Jacksonville, Florida, 32256				A	•			
p	ax346@	②aol.com	ty/State and Zip Co			TARY	AUG 12 PH 12: 31	Ī
		E-mail address: (to be used	for future annual re	port matification)		<u> </u>	PH	
For furthe	r information	concerning this matter, please	call:			STA ATS	<u>5</u>	C
Time	othy J.	Parker	<sub>at</sub> 904	,448-00	)14	DE E	34	
	Name	of Person	Area Cor	le & Daytime Telep	hone Number	,		
Enclosed	l is a check fe	or the following amount:						
□\$125.00	Filing Fee	Certificate of Status	Certified Conditional control		\$160.00 F Certificate Certified Cadditional c	of Status Copy	s æ	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton 1 2661 Ex	Courier Address tion Section of Corporations Building secutive Center C sec, F1, 32301	irale			

## - ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

	OMFS-JAX, La (Must end with the words "Limited L	inbility Company, "L.L.C.," or "LLC.")		
ARTICLE II				
The mailing ad	dress and street address of the	principal office of the Limited Lial	bility Company is:	
Principal Offi	ce Address:	Mailing Address:		
8351 Bayberry F	Rd. Jacksonville, FL, 32256	8351 Bayherry Rd. Jacksonville, FL,	32256	
(The Limited Liabili	- Registered Agent, Register ity Company cannot serve as its own Re h an active Florida registration.)	red Office, & Registered Agent's S gistered Agent, You must designate an individu	Signature:	
The name and (	the Florida street address of th	e registered agent are:	For S	
	Timothy J, Parker			
	Na	TIC	AUG 12	
	8351 Bayberry Rd.			<b>#</b> 20
	Florida street	address (P.O. Box <u>NOT</u> acceptable)		'Fri
	Jacksonville	<sub>FL</sub> 32256		
	City,	State, and Zip	PHIZ: 34	macro
liability con	pany at the place designated i	to accept service of process for the a n this certificate, I hereby accept the	bove stated limited appointment as	
**	***	acity. I further agree to comply with lete performance of my duties, and I	•	
		registered agent as provided for in (	•	

(CONTINUED)

Page 1 of 2

# ARTICLE IV- Manager(s) or Managing Member(s): - A The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Oscar, LLC
	1231 W. Northern Lights Blvd. #911
	Anchorage, AK, 99503
CORE C. CONTROL CONTROL OF SHEET STORE OF SHEET STORE OF SHEET STORE OF SHEET SHEET STORE OF SHEET SHE	and definition on the Control of the
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(Use attachment if necessary)	
·	
	date of filing: (OPTIONAL)
(If an effective date is fisted, the date must prior to or 90 days after the date of filing.)	be specific and cannot be more than five business days
prior to or 90 days after the date of ining.)	
	way
<b>REQUIRED SIGNATURE:</b>	
	To the second s
	A Charles BR S I
Standard Mark	of all authorized representative of a member.
	70 m
(In accordance with section 608.	408(3), Florida Statutes, the execution of this document
I am aware that any false informa	ation submitted in a document to the Department of Sign 😯 💢 🦈
constitutes a third degree felony	as provided for in s.817.155, F.S.)
Timothy J. Parker	-
Гур	ed or printed name of signee

Filing Fees:

\$125,00 Filing Fcc for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

**ARTICLE VI:** Distribution Authority -

The members may in their discretion distribute the profits and/or capital of the LLC business pro-rata or non-pro-rata as they deem advisable. If the members make non-pro-rata distributions, those shall be taken into account in re-calculating each members capital account (and/or drawing account) at the end of the LLC's fiscal year.

