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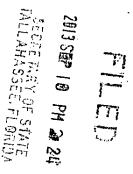
(Requestor's Name)
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(Document Number)
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(850) 245-6051

### **COVER LETTER**

TO: **Registration Section Division of Corporations** 

Omega Form, 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:

# Thomas William Schuh

Name of Person

Firm/Company		5400	_ 
PO Box 191241			ES EL
Address		1251	
Miami Beach, Florida 33119		KY 04	e P
City/State and Zip Code		Ti co	
schuhbusiness@gmail.com			<u>©</u>
E-mail address: (to be used for future annual report notification)		2.0	<b>—</b> [7

For further information concerning this matter, please call:

Thomas William Schuh Area Code & Daytime Telephone Number Name of Person

Enclosed is a check for the following amount:

□\$130.00 Filing Fee & □\$125.00 Filing Fee

Certificate of Status

□\$155.00 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

Omega Form, LLC	
(Must end with the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	the principal office of the Limited Liability Company i
The maning address and street address of	the principal office of the Elimica Elability Company
Principal Office Address:	Mailing Address:
1300 Washington Ave	PO Box 191241
Suite 1241	Miami beach, Florida 33119
Miami Beach, Florida 33119	
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)	stered Office, & Registered Agent's Signatures m Registered Agent. You must designate an individual of another
business entity with an active Florida registration.)	m Registered Agent. You must designate an individual or another
business entity with an active Florida registration.)  The name and the Florida street address of	of the registered agent are:
business entity with an active Florida registration.)  The name and the Florida street address of	of the registered agent are:
The name and the Florida street address of the name and the Florida registration.)	of the registered agent are:
The name and the Florida street address of the name and the Florida registration.)	of the registered agent are:  Name  Registered Agent. You must designate an individual or another agent are:
The name and the Florida street address of Thomas Michael Schuh  5825 Collins Ave Florida st  Miami Beach, Florida	of the registered agent are:  Name  Registered Agent. You must designate an individual or another agent are:

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:

MGR	Thomas William Schuh PO Box 191241	
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(Use attachment if necessary)		<b>三</b> 司 1
(Ose attachment if necessary)		"••

**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.)

Thomas William Schuh

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)