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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	,
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer.	
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COVER LETTER

	gistration Section ision of Corporations	
SUBJECT:	Omega Technology Group, LLC	
	Name of I	Limited Liability Company
The enclosed	1 Articles of Organization and fee(s)	are submitted for filing.
Please return	all correspondence concerning this	matter to the following:
	Wesley Haber	
		Name of Person
-	Omega Technology Group, LLC	F:/O
,	7010 NIII 7d #104	Firm/Company
-	7910 NW 7th st #104	Address
I	Pembroke Pines, FL 33024	
-	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code
pr	estige7910@aol.com	ed for future annual report notification)
For further inf	ormation concerning this matter, ple	-
V	Vesley Haber	954 445-0116
	at (Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:	
\$125.00 Filii	-	\$155.00 Filing Fee & Status & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	Commons			FILED 15 OCT 13 PH 4: 13
The name of the Limited Liability	Company is.			15 not
Omega Technology G	eoup LLC			13 PH 4: 13
(Must end v	with the words "Limited	Liability Co	mpany, "L.L.C.," or "LLC.")	TARRAMENT OF CHILL
·		•	-	TALLAMORATE, FLORIDA
ARTICLE II - Address: The mailing address and street ad	dress of the principal of	fice of the L	imited Liability Company is:	7
Principa	l Office Address:		Mailing Addre	ess:
7910 NW 7th st #104 Pembroke Pines, FL 3	3024		7910 NW 7th st #104 Pembroke Pines, FL 33024	
remotore rules, res	3024		1 Official Circles, 1 to 5502 /	,
another business entity with an ac The name and the Florida street a		agent are:		
		Name	•	
	7910 NW 7th st #104			
	Florida street address	(P.O. Box I	NOT acceptable)	
	Pembroke Pines	FL_	33024	
	City	State	Zip	
Having been named as registered a place designated in this certificate, further agree to comply with the pro am familiar with and accept the obl	I hereby accept the appo ovisions of all statutes re	ointment as re lating to the as registered	egistered agent and agree to act i proper and complete performanc	in this capacity. I se of my duties, and I
		(CONTIN	UED)	

Page 1 of 2

<u> Title:</u>		Name and Address:
	thorized Member	
MGR" = Man	ager	
"AMBR		Wesley Haber
		7910 NW 7th st #104
		Pembroke Pines, FL 33024
11 A A A A D D 11		Total of Halan
"AMBR"		Jessica Haber 7910 NW 7th st #104
		7910 NW 7th 8t #104
		Pembroke Pines, FL 33024
		
V: Effective ctive date is li	date, if other than the date of sted, the date must be specif	filing: (OPTIONAL) Tic and cannot be more than five business days prior to or 90 t the applicable statutory filing requirements, this date will not
EV: Effective ctive date is liffling.) the date insertent's effective	date, if other than the date of sted, the date must be specified in this block does not mee date on the Department of 3	ic and cannot be more than five business days prior to or 90 t the applicable statutory filing requirements, this date will not
E V: Effective ective date is line of filing.) the date insertement's effective E VI; Other pro	date, if other than the date of sted, the date must be specified in this block does not mee date on the Department of Swisions, if any.	ic and cannot be more than five business days prior to or 90 t the applicable statutory filing requirements, this date will not
ective date is li of filing.) the date inserte	date, if other than the date of sted, the date must be specified in this block does not meet date on the Department of swisions, if any.	ic and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will not State's records.
E V: Effective ctive date is liffiling.) the date insertement's effective E VI; Other pro	date, if other than the date of sted, the date must be specified in this block does not meet date on the Department of swisions, if any. Signature of a member This document is executed I am aware that any false in	ic and cannot be more than five business days prior to or 90 t the applicable statutory filing requirements, this date will not
EV: Effective ctive date is liffiling.) the date insertement's effective EVI; Other pro	date, if other than the date of sted, the date must be specified in this block does not meet date on the Department of swisions, if any. IGNATURE: Signature of a member of a maware that any false in constitutes a third degree fewers.	t the applicable statutory filing requirements, this date will not State's records. Deer or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State lony as provided for in s.817.155. F.S.
EV: Effective ctive date is liffiling.) the date insertement's effective EVI; Other pro	date, if other than the date of sted, the date must be specified in this block does not meet date on the Department of swisions, if any. IGNATURE: Signature of a member of a maware that any false in constitutes a third degree fewers.	t the applicable statutory filing requirements, this date will not State's records. State's records. Der or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State
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ARTICLE IV-

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