

L16000140386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

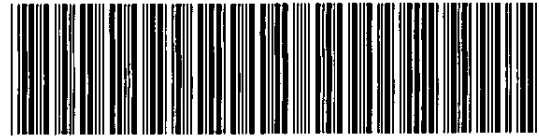
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUL 29 2016 AM 9:34

L16-029835

07/29/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 22, 2016

CHAD WHITAKER
11600 GULF BEACH HWY.
PENSACOLA, FL 32507

SUBJECT: ALPHA OMEGA INNOVATIONS, LLC
Ref. Number: W16000029835

We have received your document for ALPHA OMEGA INNOVATIONS, 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.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P12000067769.

Please return the corrected original and one copy of 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) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 116A00008319

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Alpha Omega Innovations, 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:

Chad Whitaker

Name of Person

Alpha Omega Innovations, LLC

Firm/Company

11600 Gulf Beach Hwy

Address

Pensacola, FL 32507

City/State and Zip Code

chadw@aoibysdesign.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chad Whitaker

502

299-6678

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 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

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

ALPHA OMEGA INNOVATIONS, LLC

April 14, 2016
New Filings Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Reviewer,

Please find attached the Articles of Organization for a Florida Limited Liability Company
and \$125.00 filing fee.

Feel free to call with any question.

Sincerely,



Chad Whitaker

16 APR 28 AM 9:31

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Alpha Omega Innovations Enterprise, 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:

11600 Gulf Beach Hwy
Pensacola, FL 32507

Mailing Address:

11600 Gulf Beach Hwy
Pensacola, FL 32507

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:

Chad Whitaker, Member

Name

11600 Gulf Beach Hwy

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

Pensacola, FL 32507

City

State

Zip

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Please refer to Reference Request Document: W160000298835

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

Name and Address:

Chad Whitaker

11600 Gulf Beach Hwy

Pensacola, FL 32507

Sonja M.S. Whitaker

11600 Gulf Beach Hwy

Pensacola, FL 32507

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0283 (1) (b), Florida Statutes.
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.

Chad Whitaker, Member

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)

15 JUN 20 14 09:31
FILING
CLERK
DEPT. OF STATE
TALLAHASSEE, FL 32399