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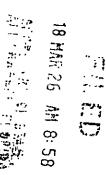
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	Account#: 1200000000088
Name: Chris Vick	
Reference #:	
Entity Name: OMHLKV, LLC	_
✓ Articles of Incorporation/Authorization to Transact Busines	is.
☐ Amendment	
☐ Change of Agent	
Reinstatement	
Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
☐ Fictitous Name	
Other	
Authorized Amount: / / / / / / / Signature:	

⊕ CORPORATE HQ

COGENCY GLOBALING. 10 E 40 ST, 10 1 FL NY, NY 10015 800.221.0102 -1.212.947.7200

DEUROPEAN HQ

COGENCY GLOBAL (UK) LIMITED AFG STERED IT ENGLAND A WALES REGISTRY LEGICZ'2 6 BEVIS MARKS, 1991 LONDON EC3A 78A •44 (0)20.3786.1090

ASIA PACIFIC HQ

COGENCY GLOBAL (HK) LIMITED A HONG KONG LIMITED COMPANY INFINITUS PEAZA, 12" FL 199 DES VOEUX RD CENTRAL HONG KONG +852.3975.1803



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COVER LETTER

	ew Filing Section ivision of Corporations			
SUBJECT	OMHLKV, LLC			
SUBJE,C I		Limited Liabili	y Company	
The enclos	ed Articles of Organization and fee(s) are submitted	for filing.	
Please retu	rn all correspondence concerning this	s matter to the fo	ollowing:	
	Elizabeth Campbell			
		Name of	Person	
	OMHLKV, LLC T: Name of Limited Liability Company osed Articles of Organization and fee(s) are submitted for filing. eturn all correspondence concerning this matter to the following: Elizabeth Campbell Name of Person Robinson, Bradshaw, & Hinson, P.A. Firm/Company 101 N. Tryon Street, Suite 1900 Address Charlotte, NC 28246 City/State and Zip Code ecampbell@robinsonbradshaw.com E-mail address: (to be used for future annual report notification) r information concerning this matter, please call: Elizabeth Campbell 704 Name of Person Area Code Daytime Telephone Number			
		Firm/Cor	npany	
	101 N. Tryon Street, Suite 1900			
		Addre	SS	
	Charlotte, NC 28246			
	ecamphell@rohinsonbradshaw.com	City/State and	Zip Code	
•	<u> </u>	sed for future a	nual report notification	on)
For further is	nformation concerning this matter, pl	ease call:		
	Elizabeth Campbell			
				e Number
Enclosed is	s a check for the following amount:			
\$125.00 Fi	S130.00 Filing Fee & Certificate of Status	LCertifie	d Copy	Certificate of Status & Certified Copy
	New Filing Section Division of Corporations P.O. Box 6327] 	New Filing Section Division of Corporation Clifton Building	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:			
The name of the Limited Liabilit	y Company is:		
OMILKY, LLC			
(Must conti	ain the words "Limi	ted Liability Comp	any, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street ac	adress of the princip	al office of the Lin	nted Liability Company is:
•			
Principa	al Office Address:		Mailing Address:
112 South Tryon Str	eet, Suite 200		112 South Tryon Street, Suite 200
Charlotte, NC 28284			Charlotte, NC 28284
			··· -
ARTICLE III - Registered Age	ent, Registered Offi	ice, & Registered.	Agent's Signature:
(The Limited Liability Company	cannot serve as its o	own Registered Ag	ent. You must designate an individual or
another business entity with an a	ictive Florida registr	ration.)	
The name and the Florida street a	address of the regist	ered agent are:	
	_		
	Howard W. Abel		
		Name	
	2325 Clark Street	1 _	
	Florida street add	dress (P.O. Box <u>N</u> C	ET acceptable)
	Apopka	Florida	32703

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. Thereby 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 didies, and t am tamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

State

Zip

Apopka

City

(CONTINUED)

Registered Agent's Signature (REQUIRED)

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager LKV, LLC Manager_ 112 South Tryon Street, Suite 200 Charlotte, NC 28284 (Use attachment if necessary) _____. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (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 605.0203 (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. L. Kerry Vickar 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)

ARTICLE IV-