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LAZARUS CORPORATE FILING SERVICE

FILE 017

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
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TALLAHASSEE, FLORIDA

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FLORIDA LIMITED LIABILITY CO.
OMEGA HEALTH PARTNERS LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

2018 JUL 25 PM 2:30

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DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

N CULLIGAN

JUL 26 2018

Florida Department of State
Attention: New Filings Section

To whom it may concern:

This is to advise that the owners of

Omega Health Partners Inc

of Document # P17000055410

are the same owners of the attached articles.

Thank you for your help in this matter.

Thanks,



W18000214253

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2018 JUL 25 AM 9:45

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

OMEGA HEALTH PARTNERS LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

8625 NW 8 ST APT #401 MIAMI FL 33126

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (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.)

Aliosky Artiles

8625 NW 8 ST

APT #401

Miami FL 33126

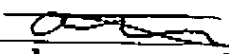
ARTICLE IV-

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

Aliosky Artiles

(AMBR)

Required Signatures:


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

In accordance with section 605.0203 (1) (b), 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.

Allosky Ariles
Typed or printed name of signee

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)

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TALLAHASSEE, FLORIDA