

L18000245150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

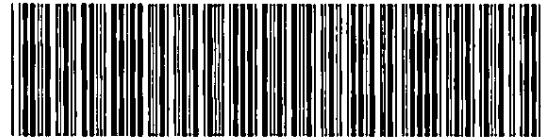
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**OMNMCY, LLC**  
Jayeshkumar Patel, Manager  
6500 N. Nebraska Ave  
Tampa, FL 33604

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October 5, 2018

Division of Corporations  
Amendment Section  
P.O. Box 6327  
Tallahassee, FL 32314


RE: Document #L16000010674  
OMNMCY, LLC

To Whom It May Concern:

Please let this letter serve as proof that we have no intention of revoking the dissolution of the limited liability corporation, OMNMCY, LLC, therefore releasing the name for use to another entity.

If you require any further information in order to process this request, please contact my CPA, Ron Porat, at 6702 N Gunlock Avenue, Tampa, FL 33614. He can be reached via phone at (813)870-0060.

Sincerely,



Jayeshkumar Patel  
Manager

JP/ic

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** OMNMCY, 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:

JAYESH K PATEL  
\_\_\_\_\_  
Name of Person

OMNMCY, LLC  
\_\_\_\_\_  
Firm/Company

6408 N NEBRASKA AVE  
\_\_\_\_\_  
Address

TAMPA, FL 33604  
\_\_\_\_\_  
City/State and Zip Code

ARU.RENEWAL@GMAIL.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RON PORAT                      813                      870-0060  
\_\_\_\_\_  
Name of Person                      at (                      )                      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      ☐ \$160.00 Filing Fee,  
(additional copy is enclosed)      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:

The name of the Limited Liability Company is:

OMNMCY, LLC

(Must contain 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:

6408 N. NEBRASKA AVE  
TAMPA, FL 33604

Mailing Address:

6408 N. NEBRASKA AVE  
TAMPA, FL 33604

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:

JAYESH K PATEL

Name

6500 N NEBRASKA AVE

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

TAMPA

FL

33604

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.*

J. K. Patel

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

JAYESH K PATEL

6500 N NEBRASKA AVE

TAMPA, FL 33604

MGR

ANITA PATEL

6500 N NEBRASKA AVE

TAMPA, FL 33604

(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:**

J. K. Patel

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.

JAYESH K PATEL

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)

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