

**L19000135262**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H19000171854 3)))



H190001718543ABC3

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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

From: Account Name : SHUTTS & BOWEN LLP (ORLANDO)  
Account Number : 120030000004  
Phone : (407) 835-6769  
Fax Number : (407) 843-4076

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: corpmail@shutts.com

**FLORIDA LIMITED LIABILITY CO.  
O.M. Fin/Cap, LLC**

Certificate of Status		0
Certified Copy		0
Page Count		02
Estimated Charge		\$125.00

19 MAY 29 AM 9:59

((H19000171854 3)))

**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name**

The name of the Limited Liability Company is:

O.M. FIN/CAP, LLC

**ARTICLE II - Street Address**

The street address of the principal office of the Limited Liability Company is as follows:

300 South Orange Avenue, Suite 1600  
Orlando, Florida 32801

**ARTICLE III - Mailing Address**

The mailing address of the principal office of the Limited Liability Company is as follows:

300 South Orange Avenue, Suite 1600  
Orlando, Florida 32801

**ARTICLE IV - Registered Agent and Office and  
Registered Agent's Signature**

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

Brian M. Jones  
300 South Orange Avenue, Suite 1600  
Orlando, FL 32801

*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, Florida Statutes.*

By: \_\_\_\_\_

(Registered Agent's Signature)

Brian M. Jones

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

Brian M. Jones, Esquire, Authorized Representative

(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, Florida Statutes)

((H19000171854 3)))